USAID | DEMOCRATIC REPUBLIC OF THE CONGO

Issue Date:	July 19, 2016
Deadline, Questions:	August 2, 2016
Clarifications:	August 16, 2016
Closing Date:	September 1, 2016
Closing Time:	05:30 p.m. (Kinshasa Time) / 12:30 p.m. ET
Subject:	Amendment Number One (1) to Notice of Funding Opportunity (NOFO) No. RFA-660-16-000002
Program Title:	Integrated HIV/AIDS Program (IHAP)

Ladies/Gentlemen:

The subject RFA was issued on July 1, 2016 in the Agency GLAAS system while, inadvertently, missing to link it to the grants.gov website.

The purpose of this amendment to the subject solicitation is to amend the due dates for receiving questions and receipt of applications as shown above and to avail the full RFA document to all interested parties.

Thank you for your interest in USAID programs.

Sincerely,

Patrick J. Kollars
Supervisory Agreement Officer
USAID/Democratic Republic of the Congo

Attached:

RFA-660-16-000002

USAID | DEMOCRATIC REPUBLIC OF THE CONGO

Issue Date:	July 1, 2016
Deadline, Questions:	July 15, 2016
Clarifications:	July 29, 2016
Closing Date:	August 17, 2016
Closing Time:	05:30 p.m. (Kinshasa Time) / 12:30 p.m. ET

Subject: Notice of Funding Opportunity (NOFO) No. RFA-660-16-000002

Program Title: Integrated HIV/AIDS Program (IHAP)

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for up to two (2) cooperative agreements from qualified U.S. and Non-U.S. Organizations, to fund a program entitled "Integrated HIV/AIDS Program". Eligibility for this award is not restricted. See Section C of this NOFO for eligibility requirements.

This is a full and open competition, under which any types of organization, large or small, commercial (for profit) firms, faith-based, and non-profit organizations in partnerships or consortia from geographic code 935, are eligible to compete. In accordance with the Federal Grants and Cooperative Agreement Act, USAID encourages competition in order to identify and fund the best possible applications to achieve its program objectives.

Subject to the availability of funds an award will be made to that responsible applicant(s) whose application(s) best meets the objectives of this funding opportunity and the selection criteria contained herein. While 2 awards are anticipated as a result of this notice of funding opportunity (NOFO), USAID reserves the right to fund any or none of the applications submitted. Applicants **must** submit their applications for the **IHAP Kinshasa** and the **IHAP-Haut Katanga/ Lualaba** separately (See Section D.III in page 48).

For the purposes of this NOFO the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer". Eligible organizations interested in submitting an application are encouraged to read this funding opportunity thoroughly to understand the type of program sought, application submission requirements and evaluation process.

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on www.grants.gov, and may be amended. Potential applicants should regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity. Applicants will need to have available or download Adobe program to their computers in order to view and save the Adobe forms properly. It is the responsibility of the

the entire NOFO has been received from the internet in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

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

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

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

Thank you for your interest in USAID programs.

Sincerely,

Patrick J. Kollars
Supervisory Agreement Officer
USAID/Democratic Republic of the Congo

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ABBREVIATIONS AND ACRONYMS USED IN THIS NOFO

ACT: Accelerating Children's HIV/AIDS Treatment
AGYW: Adolescent girls and young women
ANC: Antenatal care
ART: Antiretroviral therapy
ARV: Antiretroviral drugs
ART: Antiretroviral treatment
ASSIST: Applying Science to Strengthen and Improve Systems
CDC: U.S. Centers for Disease Control and Prevention
CDCS: Country Development Cooperation Strategy
CITC: Client-initiated testing and counseling
CODESA: Comité de Développement et Santé (community Heath and Development Committee)
COP: Country Operational Plan
COR: Continuum of response
COSA: Comité de Santé (Health Center Committee)
CPR: Contraceptive Prevalence Rate
CSO: Civil society organization
CTX: Cotrimoxazole
DHS: Demographic and Health Survey
DSD: Direct service delivery
DO: Development Objective
DOD: U.S. Department of Defense
DPS: Divisions Provinciales de la Santé (provincial divisions)
DRC: Democratic Republic of Congo
E2A: Evidence to Action
EID: Early infant diagnosis
FBO: Faith-based organization
FP: Family planning
FSW: Female sex workers
FY: Fiscal Year
GBV: Gender-based violence

GDRC: Government of the DRC
Global Fund: Global Fund to fight AIDS, Tuberculosis, and Malaria
HFG: Health, Finance & Governance
HTC: HIV Testing and Counseling
HZMT: Health zone management teams
IBBS: Integrated HIV Bio-behavioral Surveillance
IGA: Integrated Governance Activity
IHAP: Integrated HIV/AIDS Program
IHP: Integrated Health Program
IPT: Isoniazid preventive therapy
MDR-TB: Multi-drug resistant Tuberculosis
M&E: Monitoring and evaluation
MER: Monitoring, Evaluation, and Reporting
MICS: Multiple Indicator Cluster Survey
MOH: Ministry of Health
MSM: Men who have sex with men
NACS: Nutrition, Assessment, Counseling and Support
NGO: Non-governmental organization
OGAC: Office of the Global AIDS Coordinator
OVC: Orphans and vulnerable children
PEPFAR: President's Emergency Plan for AIDS Relief
PHDP: Positive health, dignity, and prevention
PITC: Provider-initiated testing and counseling
PLHIV: Persons living with HIV
PMTCT: Prevention of mother-to-child transmission
PMP: Performance Management Plan
PNDS: Plan National de Développement Sanitaire (National Health Development Plan)
PNLS: Programme National de Lutte contre le SIDA (National AIDS Control Program)
PNMLS: Programme National Multisectoriel de Lutte contre le SIDA
POART: PEPFAR Oversight and Accountability Response Team
PPR: Performance Plan and Report
QA: Quality assurance
QI: Quality improvement
RENOAC: Réseau National des Organisations à Assise Communautaire
RH: Reproductive health

SCMS: Supply chain management system
SGBV: Sexual and gender-based violence
SIAPS: Systems for Improved Access to Pharmaceuticals and
SIMS: Site Improvement Monitoring System
STI: Sexually transmitted infections
TA-SDI: Technical Assistance for Service Delivery
TB: Tuberculosis
TFR: Total fertility rate
UCOP+: Union Congolaise des Organisations de Personnes vivant avec VIH
UNAIDS: United Nations Programme on HIV and AIDS
UNICEF: United Nations Children's Fund
USAID: United States Agency for International Development
USG: United States Government
WHO: World Health Organization

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SECTION A: PROGRAM DESCRIPTION

A. AUTHORITY

General:

Per the Federal Grant and Cooperative Agreement Act, USAID encourages competition in the award of grants and cooperative agreements to identify and fund the programs that best achieve Agency objectives. Pursuant to the Foreign Assistance Act of 1961, as amended, USAID may provide assistance to any U.S. or non-US. Organization, individuals, non-profit, or for profit entities.

In accordance with the Foreign Assistance Act of 1961, as amended, the awards resulting from this NOFO will be governed and administered pursuant to the applicable sections of 2 CFR 700 and 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

It is hereby noted that while 2 CFR 200 and 2 CFR 700 do not directly apply to foreign organizations (non U.S. non-governmental organizations), USAID applies some of these regulations to non-U.S. non-governmental organizations through ADS Chapter 303 and the Standard Provisions for Non-U.S. Non-governmental Organizations.

B. OVERVIEW

The U.S. Agency for International Development's (USAID) Democratic Republic of Congo (DRC) Mission (USAID/DRC) seeks applications for funding that will assist one or more recipients to carry out the five-year Integrated HIV/AIDS Program (IHAP), which intends to work with the Government of the DRC (GDRC) to strengthen the continuum of care[1] for quality HIV/AIDS services in select health zones to achieve epidemic control. This will be one of the

[1] 'Continuum of care' refers to the spectrum of HIV services that includes testing and diagnosis, linkage to and retention in care, and access and adherence to antiretroviral therapy for viral suppression.

main implementing mechanisms for the President's Emergency Plan for AIDS Relief (PEPFAR) in the DRC.

Under IHAP, USAID expects to award two cooperative agreements–one assisting a recipient to carry out its program that improves service delivery and provides technical assistance to health zones in Kinshasa and central-level government institutions (referred to as IHAP-Kinshasa award) and a second award assisting a recipient to carry out its program improving service delivery and providing technical assistance to health zones in Haut-Katanga and Lualaba provinces[2] (referred to as IHAP-Katanga award). USAID is committed to fund two agreements, up to $70 million combined, over the five-year period (subject to availability of funds) to cover activities in the applicant's Program Description. The total funding amount will be contingent on number of health zones covered, burden of need, existing infrastructure, and activities required to achieve scale-up. USAID intends that both agreements should include interventions at the provincial, health zone, facility, and community levels. The majority of funding will be from the USAID/DRC Health Program's HIV/AIDS funds provided through PEPFAR.

USAID intends that the recipient's activities align with the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90, an ambitious treatment target to help end the AIDS epidemic by ensuring that by 2020, 90 percent of all people living with HIV know their HIV status, 90 percent of all people with diagnosed HIV infection receive sustained antiretroviral therapy (ART), and 90 percent of people receiving ART have viral suppression. As a result, USAID will finance the recipient's activities that scale up HIV/AIDS services in focus health zones, including prevention; HIV testing services (HTS) in high yield entry points; enrollment in care and support services for HIV-positive clients; treatment of HIV-positive clients who are eligible; and retention of clients on treatment. USAID seeks to finance activities that also strengthen HIV/Tuberculosis (TB) integration and family planning (FP) activities.

In order to ensure "sustained" epidemic control and align with USAID/DRC's Country Development Cooperation Strategy (CDCS), the recipient's program should build capacity in the GDRC and increase the efficiency of its HIV/AIDS response. Strengthening the GDRC's ability to plan, implement, and monitor HIV/AIDS services while supporting the adoption of appropriate policies and guidelines is critical to achieving sustained epidemic control. In order to achieve this, USAID intends to provide financial assistance to one or more recipient's program that has the following goal and objectives.

[2] Katanga Province is now divided into four provinces including Haut-Katanga and Lualaba.

<u>Goal</u>: Improved HIV/AIDS response to ensure sustained epidemic control in targeted health zones.

This program goal will be accomplished through the achievement of the following three objectives:

Objective 1: Continuum of care for HIV/AIDS services ensured.

Objective 2: Utilization of integrated HIV/AIDS services increased at both facility- and community-based levels.

Objective 3: Health systems strengthened to improve access to services and health outcomes of persons living with HIV/AIDS.

B. GEOGRAPHIC FOCUS AND BUDGET BY ELEMENT

As a priority country under PEPFAR, the current program to achieve sustained epidemic control of HIV/AIDS is focused on providing services in 47 health zones in Kinshasa, Haut-Katanga, and Lualaba provinces. USAID will be providing support in 21 of the 47 health zones in these provinces; the other health zones will receive support from the U.S. Government (USG) Centers for Disease Control (CDC) and the Department of Defense (DOD). USAID intends to finance activities that provide full coverage in 21 health zones initially; however, applicants may propose to add additional zones over the course of the five-year program once epidemic control is achieved in those health zones and resources are freed to expand geographic coverage.

The PEPFAR geographic focus health zones and provinces designated for funding are based on disease burden, population, and other donor funds to have the greatest health impact. Support for IHAP activities will be divided into two geographic areas to permit different programmatic foci based on the different challenges and conditions particular to each area.

The table below provides an overview of each cooperative agreement's intended geographic coverage, funding, and identified needs.

Table 1: IHAP--Awards by Funding Element and General Needs

Award	FP Funds	HIV/ AIDS Funds	HSS Activities at National	Province (DPS)	Health Zone	Type of Need

			Level			
Award 1: IHAP-Katanga (*Haut Katanga and Lualaba*)		**X**		Haut-Katanga	Kapolowe	Sustained Support
				Haut-Katanga	Panda	Sustained Support
				Haut-Katanga	Sakania	Sustained Support
				Haut-Katanga	Kamalondo	Scale up for Saturation
				Haut-Katanga	Kampemba	Scale up for Saturation
				Haut-Katanga	Kenya	Scale up for Saturation
				Haut-Katanga	Lubumbashi	Scale up for Saturation
				Haut-Katanga	Rwashi	Scale up for Saturation
				Lualaba	Bunkeya	Sustained Support
				Lualaba	Dilala	Sustained Support
				Lualaba	Fungurume	Sustained Support
				Lualaba	Kanzenze	Sustained Support
				Lualaba	Lualaba	Sustained Support
				Lualaba	Lubudi	Sustained Support
				Lualaba	Manika	Sustained Support
				Lualaba	Mutshatsha	Sustained Support
Award 2: IHAP-Kinshasa	**X**	**X**	**X**	Kinshasa	Bandalungwa	Sustained Support
				Kinshasa	Binza-Météo	Sustained Support
				Kinshasa	Kikimi	Scale up for Saturation
				Kinshasa	Kingasani	Scale up for Saturation
				Kinshasa	Masina II	Scale up for Saturation

1) **Award One**: IHAP-Katanga (Haut-Katanga and Lualaba)

Under this award, USAID wishes to assist a recipient who provides support to 16 health zones in accordance with Country Operational Plan (COP) 2015 planning. COP 2015 is implemented in fiscal year (FY) 2016. This includes eight "sustained support" health zones in Lualaba, three "sustained support" health zones in Haut-Katanga, and five "scale up for saturation" health zones in Haut Katanga. The definition of "sustained support" and "scale-up for saturation" and the associated packages provided are explained in the DRC 2015 COP (http://www.pepfar.gov/documents/organization/250285.pdf). USAID expects that support to health zones may change and/or expand over the life of this program. While only HIV/AIDS funds will be received for this activity, the recipient(s) should ideally work with other USAID-funded partners in areas of geographic overlap, including the Integrated Health Program (IHP-DRC), to jointly identify areas to engage the government and implement activities, thus ensuring close coordination and harmonization for integrated delivery of health services, especially FP, TB, and maternal and child health.

2) **Award Two**: IHAP-Kinshasa

Under this award, USAID intends to assist a recipient who provides support to five health zones, three of which receive the "scale up for saturation" package of HIV/AIDS activities and two of which receive the "sustained support" package of activities, in accordance with COP 2015 planning. USAID fully expects that support to health zones may change and/or expand over the life of the recipient's program. The specific needs are explained further in the DRC 2015 COP (http://www.pepfar.gov/documents/organization/250285.pdf). In addition, USAID seeks an applicant whose program provides health system strengthening support at the national level to contribute to the three objectives noted above. Finally, USAID would like to provide FP funds to a recipient's program that strengthens the supply and demand of FP services in the larger facilities across the five health zones.

C. BACKGROUND

C1. Health & HIV/AIDS Profile in DRC

Currently, health services for the Congolese population are inadequate, resulting in unacceptably high rates of morbidity and mortality. The 2014 Demographic and Health Survey (DHS) data indicates a national HIV prevalence rate of 1.2 percent among the general population, ages 15-

49, with higher prevalence in women (1.6 percent) than men (0.6 percent). The rate increases with the age of the women from 0.7 percent for women between the ages of 15-19 years to 2.4 percent for those between the ages of 30-39, putting women of reproductive age at higher risk of HIV infection. Pregnant women have a prevalence of 1.8 percent. While HIV prevalence in the general population is low, there are pockets of higher prevalence in certain geographic areas and among key populations, including female sex workers (FSWs) and men who have sex with men (MSM). HIV prevalence among FSWs is 9.8 percent in Kinshasa and 10.8 percent in Katanga.[3] Multiple sexual partners and low and/or inconsistent condom use have been identified as high-risk practices.

With more than 100,000 TB cases notified each year, DRC is ranked 11th among the 22 countries that bear 80 percent of the global burden of TB in general, as well as being the third in Africa. In 2013, the smear-positive TB incidence rate in DRC was 94/100,000 inhabitants. The mortality rate for TB in 2014 was 4.2 percent out of 109,302 TB cases treated over one year. DRC is also one of four countries in Africa with a high prevalence of multi-drug resistant TB (MDR-TB), which is estimated at 3.1 percent among new cases and 10 percent among retreatment cases. Of 117,214 peopled affected by TB in the DRC in 2014, 53,285 (45 percent) were tested for HIV, of which 7,206 were HIV-positive, but only 4,733 were initiated on ART. The prevalence of HIV among TB patients is estimated to be 16 percent.

The DRC continues to experience high infant mortality (58 per 1,000), high child mortality (104 per 1,000), and high maternal mortality (846 per 100,000). Chronic malnutrition is rife throughout DRC, affecting over 40 percent of Congolese children as indicated by rates of stunting (height for age). Malnutrition continues to be a serious issue among children under five years of age, as documented in successive national surveys (MICS[4] 1995, MICS 2001, DHS 2007, DHS 2014).

The DRC contraceptive prevalence rate for modern methods (CPR) has fallen dramatically during the two last decades from a high of approximately 15 percent in the 1980s. The country now has among the lowest CPR (six percent for modern methods) in the world and one of the highest total fertility rates (TFRs) in the world at 6.3. The unmet need for family planning is 28 percent among married women. The low demand for and use of modern contraception by women of reproductive age directly contribute to the high maternal and child morbidity and

[3] Integrated HIV Bio-behavioral Surveillance (IBBS- 2013)

[4] Multiple Indicator Cluster Survey

mortality rates. Use of FP, particularly condoms, has important implications in preventing HIV/AIDS. Unmet need for FP is a contributor to vertical transmission of HIV from mother to child. In addition, sexual activity during pregnancy reportedly doubles men's risk of contracting HIV from their female partners[5]; thus, use of contraception is an important tool for HIV prevention.

C2. Strategic Context

The GDRC's National Health Development Plan 2011-2015 (Plan National de Développement Sanitaire or PNDS) prioritizes the development of and support to health zones as part of a greater decentralization strategy, strengthening leadership and governance of the health system and improving collaboration within the health sector and between sectors. These priorities are expected to continue under the new PNDS 2016-2020, which is currently under development. Significant financial and human resources from the GDRC and donor partners will be required to support this transition; particularly to bolster the 26 newly created provincial health departments, known as Divisions Provinciales de la Santé (DPS).

Two major national programs lead DRC's efforts in the HIV/AIDS response: the National Multi-sectoral AIDS Program (*Programme National Multisectoriel de Lutte contre le SIDA* (PNMLS)) and the National HIV/AIDS Program (*Programme National de Lutte contre le SIDA* (PNLS)), which leads the response for the Ministry of Health (MOH). The goal of the PNMLS is to 1) mobilize public and private sector partners as well as civil society in effective engagement in HIV/AIDS efforts; 2) ensure national political support for HIV/AIDS and sexually transmitted infection (STI) efforts; and 3) advocate for funding for the HIV/AIDS and STI sector. PEPFAR/DRC works closely with PNMLS to ensure multi-sectoral support for the HIV response.

The PNLS is currently leading a rationalization process for HIV/AIDS activities to eliminate co-location of donors and partners at the health zone level (notably PEPFAR and Global Fund to Fight AIDS, TB, and Malaria (Global Fund)). This progressive shift to one donor per health zone serves to increase efficiencies through geographic clustering of partner programs, thus reducing duplication of effort and improving donor coordination. PEPFAR/DRC is committed to supporting this ongoing process. PEPFAR's 2015 COP and an agreement signed by PEPFAR,

[5] Microbicides 2010 (International Conference on Microbicides) (2010, May 25). Pregnancy doubles HIV risk in men; first trial of a microbicide in pregnant women. *ScienceDaily*. Retrieved October 31, 2013, from http://www.sciencedaily.com/releases/2010/05/100523205810.htm

the Global Fund, and the PNLS reflect the plans for this transition, which is expected to be complete by the end of FY 2016.

External donors largely finance the health sector, including the HIV/AIDS response. GDRC's contribution to HIV/AIDS is extremely low, financing two percent of the total HIV/AIDS response in 2012. External donors contributed the rest, including the Global Fund (64 percent), PEPFAR (30 percent), and other donors as well as the private sector (4 percent). PEPFAR funding has grown from $3 million in 2004 to $62 million in FY 2015. Support from the Global Fund has also increased, especially in the recently awarded joint HIV/TB Concept Note. Increased support has meant increasing the number of health zones with HIV activities from 239 to 350 (out of 516 health zones total) with approximately $242 million planned over the next three years. The Global Fund procures the majority of HIV-related commodities for the DRC. However, PEPFAR has been gradually increasing its investments in drugs and commodities, particularly beginning in 2012 when the program started purchasing antiretroviral (ARV) drugs under the Prevention of Mother-to-Child Transmission (PMTCT) Acceleration Plan. The GDRC, partners such as UNICEF, and the private sector purchase the remaining HIV-related drugs and commodities (approximately 15 percent of the total). The major donors for TB include the Global Fund, USAID, PEPFAR, and Action Damien (formerly Damien Foundation). The GDRC contributes less than five percent of the total TB response.

In response to the increasing unmet need for FP, the GDRC has recently launched the 2014-2020 National Strategic Plan for Family Planning—an important political benchmark. The plan lays out the government's intentions to budget for contraceptives and to increase access to a range of modern methods. The two principal objectives of the Strategic Plan are to (a) increase modern contraceptive prevalence across the country from 6.5 percent (in 2013) to at least 19 percent by 2020 and (b) ensure access to modern contraceptive methods to at least 2.1 million women by 2020.

C3. HIV/AIDS AND PEPFAR RESPONSE

Background on PEPFAR

While Phase I of PEPFAR focused on implementing an emergency response, Phase II emphasized sustainability and mutual accountability. PEPFAR has now launched Phase III (PEPFAR 3.0) which focuses on sustainable control of the epidemic (more information is available at www.pepfar.gov). To reach UNAIDS' ambitious 90-90-90 global goals, there has been a shift in business practice to use a data-driven approach that strategically targets geographic areas and populations where the impact for investment is highest. According to the 2012 PEPFAR Blueprint for Creating an AIDS-free Generation, services need to be provided

where the virus exists, targeting evidence-based interventions for populations at greatest risk in areas of greatest HIV incidence.
(See http://www.pepfar.gov/documents/organization/234744.pdf).

PEPFAR 3.0 is focused on delivering "the right thing, in the right place, right now." Specifically, this means focusing on the highest-impact interventions and bringing them to scale ("right thing") in key geographic areas, including at the sub-national level, and reaching the most vulnerable populations ("right place"). "Right now" means getting ahead of and ultimately controlling the epidemic. Continually fighting an expanding epidemic is not programmatically or financially sustainable.

As stated in the PEPFAR Country/Regional Operational Plan (COP/ROP) 2015 Guidance, available at http://www.pepfar.gov/reports/guidance/, PEPFAR country teams and implementing partners are expected to support countries to reach epidemic control through the following:

- Deliberately focusing on core combination prevention interventions;
- Focusing resources on core, and to a lesser extent, near core activities across the HIV care and treatment continuum;
- Focusing geographically and evaluating each site's performance for all care, treatment, and prevention interventions;
- Ensuring transparency and the use of real-time data for performance-based decision-making and to ensure maximum impact; and
- Fostering sustainability by increasing implementation of services and programs through capacity development of local institutions, systems, and workforce.

PEPFAR Response in the DRC

Through PEPFAR, the USG, including CDC, DOD, Department of State, and USAID, provided $245 million from 2007 to 2014 to support HIV/AIDS prevention, care, and treatment services. PEPFAR, through the USG implementing agencies, provides direct service delivery and technical assistance in the DRC to maximize the quality, coverage, and impact of the national HIV/AIDS response. Working together with the GDRC, PEPFAR investments are aligned with national priorities, focusing efforts to ensure strong linkages in the delivery of HIV prevention, care, and treatment services.

Through PEPFAR 3.0, USAID/DRC will continue to prioritize focused, high-impact, cost-effective, and geographically targeted activities. Key priorities include:

- Expanding care and treatment for HIV-positive individuals beyond mothers and their families identified through expanded PMTCT programming, including other key entry points such as TB, inpatient and outpatient adult and pediatric services, STI clinics, and key population hotspots;
- Improving treatment outcomes by improving supply chain and service delivery models to improve the reliability and efficiency of drug distribution as part of comprehensive facility- and community-based care in coordination with the Global Fund and other USG partners;
- Implementing cross-cutting activities to strengthen national health systems in coordination with the Global Fund; and
- Strengthening care services, including HTS for orphans and vulnerable children (OVC).

In the 2015 COP, PEPFAR/DRC identified health zones with high HIV burden in which 80 percent ART coverage would be achieved through aggressive scale-up, called "Scale Up for Saturation". This "saturation" includes:

- Maximizing all entry points;
- Focusing on individuals lost to follow up;
- Targeting key populations (MSM and FSWs) and priority populations (i.e., pregnant women and their families, clients of FSWs, TB/HIV patients and their families, military, miners, truckers, children at high risk of HIV, and adolescent girls and young women); and
- Scoping out and adding new clinical sites if necessary.

Other health zones, designated as "Sustained Support", continue to receive a limited package of HIV prevention, care, and treatment support with PEPFAR funding (see Table A.4 in the 2015 COP: http://www.pepfar.gov/documents/organization/250285.pdf for PEPFAR-defined package for services in Scale Up and Sustained Support Health Zones). PEPFAR/DRC will transition support of HIV services in other health zones to the Global Fund by the end of FY 2016. More information about PEPFAR-funded services can be found in the Core/Near-Core framework in Appendix A.1 of the 2015 COP (http://www.pepfar.gov/documents/organization/250285.pdf). Targets for Scale up Health Zones were designed using population and prevalence data from Spectrum 2015, as well as PNLS 2014 data for the number of patients currently on treatment. PEPFAR/DRC intends for its funding to be used to build on and scale up pediatric HIV care and treatment through the Accelerating Children's HIV/AIDS Treatment (ACT) initiative. ACT is a two-year funding effort to double the number of children receiving ART in sub-Saharan Africa by the end of FY 2016. In order to maximize identification of HIV-positive children, PEPFAR prefers implementing partners who implement targeted testing strategies. Implementing partners

are also sought who build the capacity of service providers to provide youth-friendly services and formalize linkages between clinics and OVC service providers and community support networks. PEPFAR seeks funding recipients who build upon advances made in pediatric treatment services in the DRC and help PEPFAR/DRC reach its ACT targets. Following the end of the ACT initiative, PEPFAR expects that the pediatric activities initiated by ACT will be assimilated into the broader PEPFAR/DRC program.

D. RELATIONSHIP TO THE DRC COUNTRY DEVELOPMENT COOPERATION STRATEGY (CDCS) DEVELOPMENT HYPOTHESES

USAID financing through IHAP will support recipient activities that contribute to the following USAID/DRC Development Objectives (DO) of the USAID/DRC CDCS:

- DO 1: Selected national level institutions more effectively implement their mandates; and
- DO 2: Lives improved through coordinated development approaches in select regions.

ith regard to DO 1 (IHAP-Kinshasa), USAID seeks to fund activities that will respond to the following hypothesis: “When Congolese institutions have improved capacity to plan, set policy and legal frameworks, and implement programs and when they increase the flow of Congolese resources to key sectors, then there will be long-term transformational change in both the quality and quantity of services available to Congolese citizens, increased Congolese ownership of development solutions, and the social compact between the state and citizens will be renewed.”

With regard to DO 2 (both IHAP-Kinshasa and IHAP-Katanga), USAID seeks to fund activities that will respond to the following Mission hypothesis: “When interventions better focus resources, leverage cross-sector and geographic synergies, build the capability of local institutions to deliver services to the Congolese people, and empower citizens to engage with governments on their needs, then there will be a transformation of the citizen-state relationship and improved, sustainable delivery of services that improve lives in the long-term.”

The DO hypotheses can be consolidated for purposes of finding recipient’s activities to finance, reflecting the focus on HIV/AIDS, as follows: “If USAID’s assistance to a recipient allows the recipient to increase the availability and quality of integrated HIV/AIDS services and strengthen capacity at national, provincial, and health zone levels to ensure ongoing provision of these services, then targeted health zones will achieve epidemic control of HIV/AIDS, improving the health status of their populations.” At the end of the recipients’ USAID-funded activities, results demonstrating this achievement will include measureable improvements in key population-based national and sub-national health indicators related to HIV/AIDS, TB, and FP.

USAID/DRC is committed to a) obtaining local government input and buy-in for implementing partner activities financed by the Mission; b) coordinating implementing partners' efforts for greater efficiency and effectiveness (for example, facilitating coordination between IHAP and other partners involved in HIV and TB interventions); and c) measuring high-level indicators to test the hypotheses for DOs 1 and 2.

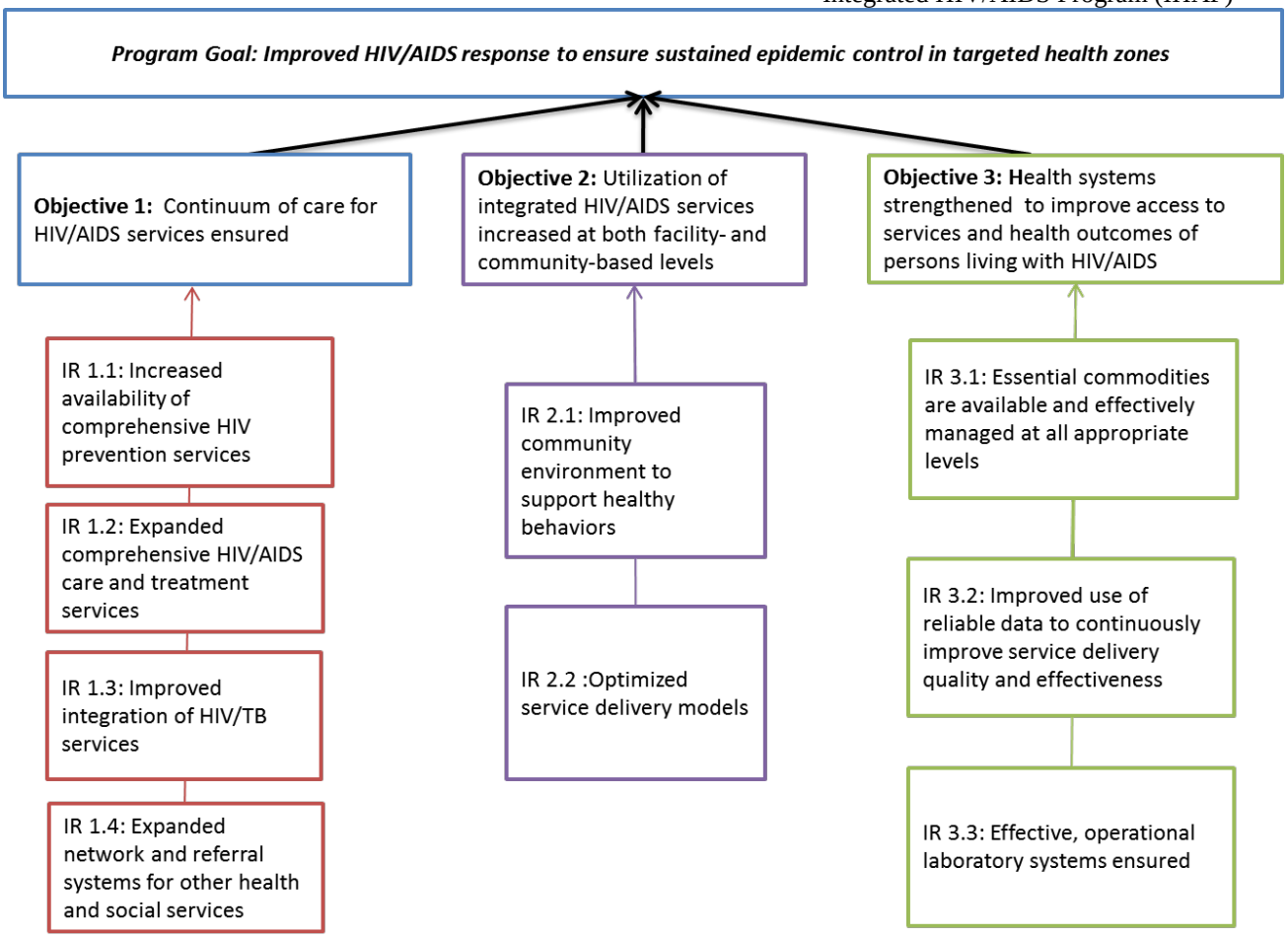
Additional information on the CDCS and specific details regarding DO 1 and DO 2 can be found online at https://www.usaid.gov/sites/default/files/documents/1860/USAID%20DRC%20CDCS%202014%20Final%20Public%20Version%20new%20Cover.pdf.

E. TECHNICAL APPROACH AND PROGRAM INTERVENTIONS

E1. Program Goal

USAID/DRC's vision is to ensure that USAID assistance mitigates the population-level impact of HIV/AIDS in the DRC through strategic partnerships, targeted investments, and high quality, contextually appropriate, and sustainable interventions in HIV programming. USAID intends that the recipients' activities it finances as a result of this notice will provide comprehensive services that include PMTCT, HIV/AIDS care and support, HIV/TB collaborative services, and ART for both current and new patients. Recipients' activities should foster the development of strong partnerships with other HIV/AIDS, TB, FP, and health programs in each of the targeted health zones to improve coordination, expand referral networks, and ensure more efficient use of resources. To this end, USAID seeks recipients whose activities will strengthen the capacity of civil society organizations (CSOs) to advocate for efficient and effective HIV/AIDS service delivery within the health sector and provide quality community-based activities. USAID seeks to finance recipient activities that provide direct technical support and grants to CSOs and local governments in the selected provinces and health zones. USAID seeks recipients who will build upon past and current efforts and focus resources over the next five years to address the critical gaps in HIV/AIDS programming.

A results framework reflecting the IHAP goal, objectives, and intermediate results is displayed below.



Program Goal: Improved HIV/AIDS response to ensure sustained epidemic control in targeted health zones

USAID seeks recipients who implement activities applying the principles of the PEPFAR 3.0 Blueprint to use a data-driven approach that strategically targets specific health zones with key and priority populations to achieve the greatest impact for our investments. The most desirable recipients are those who focus efforts on higher HIV prevalence areas and populations to more efficiently and effectively reduce transmission and incidence. The five action agendas of the PEPFAR 3.0 Blueprint should be reflected in program activities and achievements: impact, efficiency, sustainability, partnership, and human rights. Data will be improved and applied to inform decision-making and ensure programmatic improvements.

USAID seeks recipients whose programs contribute to the UNAIDS' ambitious 90-90-90 global goals. In designated health zones, the recipient activities financed as a result of this notice should scale up and achieve 80 percent coverage of ARV services by focusing on retention and re-engaging individuals lost to follow up and by targeting testing among priority populations (pregnant women and their families, TB patients and their families, miners, truckers, children at high risk of HIV, and adolescent girls and young women) and key populations (MSM, FSWs, and their clients).

Given the data-driven approach in the PEPFAR 3.0 Blueprint, recipients who have programs that focus significant efforts on strengthening human and institutional capacity for strategic information, including data collection, data quality improvement, data use, and dissemination, are highly desirable. USAID wishes to provide financial assistance to recipients whose programs strengthen the GDRC capacity for generation and use of data and evidence (e.g., cost studies, investment profile) for purposes of advocacy.

E2. Objectives

Objectives for the two USAID-funded, health zone-based HIV/AIDS activities (IHAP-Kinshasa and IHAP-Katanga) are expected to be aligned to national, provincial, and health zone HIV/AIDS priorities. Below are the objectives, expected intermediate results, illustrative indicators, and expected results for each of the three objectives, including indicators required by PEPFAR. Applicants are encouraged to include additional, innovative activity outcomes/deliverables in relation to the results area outlined below according to their own programmatic purposes and goals. The respective targets for the IHAP-Kinshasa and IHAP-Katanga activities should be proportionate to the number of health zones covered, the defined need (estimated percentage of the population to be reached), and percentage of facilities providing the service.

Objective 1: *Continuum of care for HIV/AIDS services ensured*

USAID seeks recipients who will ensure the continuum of care for HIV/AIDS services through successful clinical and community service delivery, with an emphasis on strengthening service delivery at existing sites and the public systems that support them and expanding the number of service delivery sites. Recipients should ensure that health zone management teams (HZMT) have the capacity to provide technical oversight and mentorship to facility and community management teams and should strengthen health zone capacity to implement effective quality assurance (QA) and quality improvement (QI) systems. Recipient programs should strengthen

human resources, supervision, and ensure adequate infrastructure for quality provision of health services.

Over the life of the activity, recipients should progressively increase the number of persons living with HIV/AIDS (PLHIV) that receive high quality services at a low cost per service and per client. USAID aims to finance recipient activities that serve the greatest number of individuals and families affected by HIV/AIDS with essential, safe, viable services with the resources available through these programs, transitioning support to the GDRC or local partners where appropriate.

USAID seeks to finance recipient programs that will focus on ensuring the continuum of care by strengthening service delivery in each of the following key areas: 1) HTS; 2) FP services (for IHAP-Kinshasa); 3) PMTCT; 4) adult care and treatment; 5) pediatric care and treatment; 6) the prevention, diagnosis and treatment of HIV-TB coinfection; and 7) integration of Positive Health, Dignity, and Prevention (PHDP) across all the clinical and community services of the aforementioned key technical areas.

USAID will finance recipients who will work with USAID supply chain partner(s) to ensure that patients have access to all essential HIV commodities, such as rapid diagnostic tests and related supplies, antiretroviral drugs, cotrimoxazole, and isoniazid.

Expected intermediate results should include but will not be limited to:

IR 1.1 Increased availability of comprehensive HIV prevention services

USAID seeks recipients who will increase the availability of comprehensive HIV prevention services appropriate for the DRC context, with a focus on increasing coverage of HTS, increasing availability of integrated, comprehensive PMTCT services including family planning, and strengthening PHDP through both clinical and community entry points. Appropriate prevention interventions should be incorporated into both HTS and PMTCT services that are tailored to HIV-positive and HIV-negative clients and are responsive to the needs of priority and key population groups.

<u>HTS</u>

USAID seeks recipients who will ensure family-focused HTS, including index testing, through provider-initiated testing and counseling (PITC), client-initiated testing and counseling (CITC), and linkages to care and treatment services. To reach epidemic control, programs funded from this notice should maximize testing of priority and key populations to identify the maximum

number of HIV-positive individuals to be linked to care, support, and treatment services, while also linking HIV-negative clients to prevention services. Currently, PEPFAR has determined that priority entry points should include, but will not be limited to TB, STI services, PMTCT services, and inpatient and outpatient services, with a particular focus on infants, children, and adolescents. The successful applicants will have programs that respond to changes in guidelines, including "Treat all" and new information on the epidemic in DRC, and will adapt HTS strategies and implementation accordingly.

PMTCT

The funded programs should support state-of-the-art, high quality, and integrated PMTCT programs by working with antenatal (ANC), labor and delivery, and postnatal care. PMTCT activities should provide appropriate care, monitoring, and follow-up until a newborn's HIV status is determined and should support the mother in initiating and adhering to ART. Successful applicants will have programs that ensure that pregnant mothers attend and follow ANC and institutional delivery guidelines to increase uptake of PMTCT for HIV-positive pregnant and lactating mothers and ensure use of ART according to the DRC guidelines for PMTCT. Due emphasis should be placed on follow-up of mother/infant pairs to ensure early infant diagnosis (EID), follow-up of HIV exposed infants after 18 months, and improved PMTCT ART coverage.

Given that Option B+[6] has only recently been scaled up, USAID seeks recipients whose activities address training, coaching, and mentorship needs of providers to ensure that new Option B+ guidelines are adopted. This includes the following:

- All pregnant women receive HTS;
- HIV-positive pregnant women receive adequate ART services;
- HIV-positive pregnant women who have previously received Option A are transitioned from prophylaxis to ART (i.e., Option A to Option B+);
- All HIV-infected women are adherent to treatment during and after pregnancy; and
- All HIV-infected women and their exposed infants are not lost to follow up.

FP and reproductive health (RH) services

USAID intends to fund recipients who have programs that will focus on integration of FP services with HIV services at facility and community levels, as well as integration with non-

[6] PMTCT program in which all pregnant women living with HIV are offered life-long ART, regardless of their CD4 count

health services, through direct programming or coordination with other partners. As stipulated by the PEPFAR COP 2015 Guidance, integration of FP into all HIV platforms is encouraged and will be monitored.
USAID seeks recipients whose programs will increase access to and use of modern contraceptive methods and FP/RH services at facilities, in compliance with USG regulations. Clinical FP services should be linked to community-based interventions to ensure a continuum of care from the facility to the home.

IR 1.2 Expanded comprehensive HIV/AIDS care and treatment services

USAID seeks recipients that will expand comprehensive HIV/AIDS care and treatment services for both adults and children.

Adult HIV/AIDS care and treatment services

Adult HIV care and treatment facilities need to be strengthened to provide comprehensive health care for PLHIV and linkages with community-based care and treatment interventions. Recipient programs will be selected based on their ability to provide evidence-based clinical and community approaches to improve retention in care and adherence to HIV treatment in line with PEPFAR guidance to reach GDRC goals.

Recipient activities should expand patient-centered care through both facility- and community-based interventions, implementing the standardized care package defined by PEPFAR/DRC. Currently, PEPFAR/DRC defines the minimum package of care to include:

- World Health Organization (WHO) staging, CD4 count, and viral load if possible;
- Screening for active TB or intensified case finding, with referral for diagnosis and treatment as appropriate;
- Cotrimoxazole prophylaxis;
- Evidence-based interventions that address local gaps and barriers to optimize retention in care and adherence to ART; and
- PHDP.

USAID seeks to fund recipients who will further explore and identify innovative models for care, particularly with regard to improving adherence and retention.

Given that the DRC has adopted and is implementing the 2013 Consolidated ART Guidelines[7] and plans to move towards a "treat all" approach, the number of adults and children eligible for ART is expected to increase substantially.

[7] *Guide national de prise en charge de l'infection à VIH en RDC, July 2013`*

Pediatric HIV/AIDS care and treatment services

USAID seeks recipient programs that will work with the government at all levels to increase early initiation and overall coverage of ART for HIV-infected infants, children, and adolescents. The successful applicants will have programs that place emphasis on strengthening pediatric coverage (given the weakness of the program to date), including close engagement with OVC partners and activities to ensure the continuum of care. Special emphasis should be placed on sick children and OVC to ensure they are tested. If positive, these children should be linked to HIV care and treatment services. Furthermore, recipients who ensure that laboratory diagnostics, such as EID, are available in a timely manner in order to begin treatment and other relevant interventions are most likely to be selected to receive USAID assistance.

IR 1.3 Improved integration of HIV/TB services

USAID seeks to fund recipients who will ensure operationalization of the "three Is" for TB-HIV activities: infection prevention, isoniazid preventive therapy, and intensive case finding. Successful applicants will have programs that work closely with USAID's Challenge TB activity and other mechanisms to leverage non-PEPFAR TB resources.

Recognizing the rate of coinfection in DRC, it is crucial that the recipients' programs make strong efforts to improve TB/HIV integration in line with applicable guidelines. Recipients should have programs that capitalize on opportunities within TB services to strengthen HTS and referrals as well as opportunities within HIV services to strengthen TB screening and care, including patient tracking.

IR 1.4 Expanded network and referral systems for other health and social services

To ensure that those infected and affected by HIV are identified, followed up, and receive the full continuum of quality care, treatment, and support services, clear and coordinated bidirectional referral mechanisms need to be in place at all sites. Linkages and coordination of responsibilities among the various facility- and community-based interventions remain a serious challenge. In addition to strengthening both facility- and community-based services, recipient programs that strengthen referral systems with other health and social services, including OVC, maternal and child health, TB, and malaria services, will be most competitive for USAID financing. Building strong, functional, and measurable referral linkages between HTS, care, treatment, PMTCT, FP, and other health and social services will be an essential piece of a recipient's program.

Expected outcomes for Objective 1 will include, but will not be limited to:

- Improved HTS services targeting priority populations;
- Improved capacity among health and community providers to delivery high quality HTS services;
- Improved linkages between HTS, care, and treatment services;
- Existence of effective prevention strategies to assist those testing HIV-negative to maintain their status;
- High quality, comprehensive PMTCT program established with reduced defaulter rates of mother/infant pairs;
- Increased use of HTS, especially among couples;
- Functional adherence support systems established at both facility and community levels to ensure retention for adults and children on ART;
- Increased number of HIV-positive adults and children receiving care and support services outside of the clinic;
- High-quality, innovative approaches implemented at both facility and community levels;
- Increased availability of TB/HIV services as part of a comprehensive package of services;
- Increased availability of FP services as part of a comprehensive package of services;
- Strengthened links between health facilities and community-based support services;
- Improved linkages between health facilities and OVC programs in the community; and
- Increased number of trained community health workers actively supporting HIV care and treatment services, adherence, retention, and linkages between community and health facilities.

Illustrative indicators for Objective 1 include:

- PEPFAR Monitoring, Evaluation, and Reporting (MER) indicators (Definitions and additional information on this indicators can be found in the "PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide" (http://www.pepfar.gov/documents/organization/240108.pdf). Please refer to Section E2 for specific indicators.
- Customized indicators may include but are not limited to:
    - Number of health facilities providing comprehensive HIV/AIDS services at the end of each fiscal year;
    - Percent of health facilities with comprehensive HIV/AIDS services in each health zone;
    - Percent of health facilities provided with quarterly support supervision on HIV/AIDS;
    - Percent of facilities with functional quality improvement site teams;
    - Number of health care workers who successfully completed an in-service training program;

- Increased number of HIV-positive adults and children accessing care and support services;
- Cost per patient per year on ART;
- Final outcomes of persons who enrolled in ART but are not currently on ART (What proportion died? Stopped therapy? Transferred? Were lost to follow-up to 6, 12, and 24 months?);
- Number of documented referrals;
- Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings;
- Percent of health facilities meeting minimum quality standards for service delivery in supported health zones;
- Percent of health facilities without stock outs of essential drugs for HIV/AIDS and TB management;
- Proportion of health-care facilities providing services for people living with HIV that have infection control practices that include TB control; and
- Proportion of TB patients with known HIV status.

Objective 2: ***U****tilization of integrated HIV/AIDS services increased at both facility- and community-based levels*

This objective addresses the demand side of the service delivery equation and focuses on improving the quality of demand creation approaches and activities, ensuring they are developed following state-of-the-art principles, such as audience segmentation, targeting of messages, and designing multi-pronged, reinforcing approaches. The most competitive applicants are those whose programs will strengthen community participation, accountability, and advocacy for efficient and effective health service delivery. Immediate results are likely to be output-based, while the longer-term results sought will improve health-seeking behaviors, rational use of services, and continuity of use to complement service delivery and contribute to improved outcomes.

Expected intermediate results include but will not be limited to:

IR 2.1 Improved community environment to support healthy behaviors

USAID seeks to fund programs that engage facilities and communities to facilitate healthy behaviors in support of the 90-90-90 objectives. This includes the engagement of community-based organizations to increase demand for comprehensive HIV commodities and services and to identify and reduce socio-cultural barriers. Increasing demand includes addressing social and

gender norms around HIV services, contraceptive use, and other social and cultural factors. Recipients should seek to improve target populations' understanding of the role of comprehensive HIV services in improving maternal and child health outcomes.

USAID seeks recipients whose programs will engage communities and PLHIV to address discrimination and stigma related to HIV/AIDS. Recipients will be expected to coordinate their demand-creation activities with other USAID-supported social and behavior change communication efforts, with a particular focus on developing tools and materials for strategic behavior change communication.

In addition to building individual empowerment and efficacy for behavior change, addressing community beliefs, norms, and attitudes can foster a strong community environment for collective behavior change. Similarly, facilities should ensure client sensitivity, ensuring client satisfaction and positive provider attitudes. USAID wishes to fund recipients whose programs will improve the community environment by addressing structural barriers to accessing HIV/AIDS services.

Furthermore, recipients' programs are most valued to the degree they address financial barriers to HIV/AIDS services to ensure that cost is not a barrier to accessing services and commodities/drugs.

IR 2.2 Optimized service delivery models

USAID seeks recipients who will introduce appropriate, innovative service delivery models that ensure successful achievement of the 90-90-90 objectives. This incorporates key population and youth-friendly services and implies a deep knowledge of the context and communities within supported health zones.

Recipient activities should strive to scale up successful quality improvement interventions to accelerate HIV/AIDS, TB, and FP outcomes. USAID seeks recipients who have a roadmap that recognizes that the context within which quality improvement activities are implemented is variable. No single approach can be successful for sustained quality improvement and an adaptive approach is more likely to have positive outcomes. Roadmap components should include the following: a) identify potential high-impact quality improvement systems and practices in HIV/AIDS and FP care; b) assess the identified interventions to determine health impact, feasibility for scale up, and cost-effectiveness; c) supplement available data on key parameters if sufficient data is unavailable; d) develop a roadmap for quality improvement at the national level and in selected provinces and health zones; and e) provide technical support for implementation of the roadmap.

Expected outcomes for Objective 2 will include but will not be limited to:

- Improved linkages and networks between families, communities, and facilities that enhance easy access to comprehensive and integrated HIV/AIDS services;
- Reduced levels of stigma and discrimination by health providers;
- Increased patient satisfaction with care and treatment services;
- Increased capacity of HIV services to mitigate barriers (i.e., social, financial) to accessing HIV services for PLHIV and affected families;
- Decreased incidence of sexual and gender-based violence (SGBV) for adolescent girls and women;
- Increased community engagement to counter SGBV and support survivors;
- Improved violence protection and response systems for key populations and PLHIV; and
- Strengthened referral and coordination mechanisms at subnational levels to address barriers to key population and PLHIV access and service uptake.

Illustrative indicators for Objective 2 include:

- Percent of supported health zones with contextualized approaches to increase the rate of service utilization;
- Percent of health zones with updated mapping of HIV/AIDS-related community services;
- Number of health facilities with functional community committees;
- Number of health facilities with innovative community-based delivery of ARVs;
- Percent of health facilities that deliver youth- and key-population-friendly services per health zone;
- Percent of health zone management teams trained on QA/QI in supported health zones; and
- Number of functional QA/QI teams.

Objective 3: *Health systems strengthened to improve access to services and improve outcomes of persons living with HIV/AIDS*

In support of the GDRC's use of the WHO Framework for Health System Strengthening, USAID seeks to fund recipients who support activities in service delivery, leadership and governance, finance, human resources, innovative medical interventions, and information. Focus will be placed on measured quality improvement, data management, human resources management, governance and leadership capacity, and supply chain management and laboratory.

USAID strives to finance applicant activities that will support the GDRC's efforts to strengthen the health system as it relates to HIV/AIDS, particularly for improving organizational capacity,

leadership, demand for quality services, monitoring and evaluation (M&E) systems, and human resource capacity.

IR 3.1 Essential commodities are available and effectively managed at all appropriate levels

Recipient programs should improve the availability of HIV, TB, and FP commodities at health zone, community, and facility levels. The recipients should endeavor to coordinate with other projects that are specifically devoted to supply chain management.

USAID-financed recipient activities should enhance the ability of HZMTs to ensure a high quality, continuous, and uninterrupted supply of essential drugs and supplies and strengthen facilities' capacities to report on and request commodities. At the community level, recipient programs should strengthen the role of community health committees in ensuring the availability of commodities, including testing and evaluating alternative commodity distribution schemes.

With USAID's financial assistance, recipient programs should support systems-strengthening activities that address the supply chain at the health zone level, providing support, as needed, to forecast pharmaceutical and commodity needs, place orders in a timely manner, maintain appropriate stock levels, maintain appropriate storage conditions, and strengthen data management in support of pharmaceutical systems.

IR 3.2 Improved use of reliable data to continuously improve service delivery quality and effectiveness

USAID seeks recipient programs that support the availability of quality information for decision makers, ensuring that those who design, manage, and implement programs at facility, community, and health zone levels are equipped with the necessary skills to use data for decision-making. Recipients should have programs that ensure that standardized technical reviews, discussion papers, case studies, digests and extracts, monitoring updates, and program evaluations are used to capture and communicate program learning. USAID seeks recipients who will incorporate innovative evaluation and planning activities that contribute to the GDRC's learning agenda on HIV/AIDS.

IR 3.3 Effective, operational laboratory systems ensured

A functional comprehensive laboratory network is a priority for a successful HIV/AIDS program. The network must be able to address the management, organizational, bio-safety, and work quality aspects of the laboratory at all levels. USAID seeks to fund recipient programs that focus on the management, supervisory, and QA systems for HIV rapid diagnostic tests, EID, CD4 count, viral load, and related TB tests (i.e., smear microscopy, culture, GeneXpert, and all

other new diagnostics). Competitive recipient programs are those that will ensure that lab-strengthening approaches fully address the gaps in health zone level lab networks, including improved communications and proper transportation of specimens for testing.

Expected outcomes for Objective 3 will include but will not be limited to:

- Adequate adult and pediatric HIV commodities for scaling related services are in place;
- Functional logistic management systems exist to support distribution of ARV and other commodities in supported health zones;
- Appropriate data validation processes and strategic information exchange forum are in place;
- Quality evidence generated through M&E and operations research are used for decision making;
- The laboratory system is improved to conduct HIV/AIDS diagnosis and monitoring, including diagnosis and monitoring on-site or through sample transfer networks that ensure timely return of results, especially for viral load and EID;
- Clear leadership exists at provincial and health zone levels to provide a vision and strategy to train and retain skilled health workers;
- There is improved GDRC communication and coordination of donors and implementing partners, including PEPFAR and the Global Fund; and
- The role of PNLS in supporting the HIV/AIDS response at decentralized levels is well defined and implemented.

Illustrative indicators for Objective 3 include:

- MER Indicators (See Section E2);
- Percent of health zone hospital labs with standard lab operation procedures and basic safety standards;
- Percent of laboratories meeting laboratory QA standards; and
- Number of laws, policies, or procedures drafted, proposed, or adopted with USG assistance designed to improve HIV systems and management.

E3. Monitoring and Evaluation

USAID seeks recipients who will develop and track activity targets, output and impact indicators, and expenditures. USAID seeks recipients who will collect baseline data for any indicators for which no existing 2015/2016 or rigorous earlier data are available.

Measurable results at the process and outcome level are critical. Program indicators must align with the Mission's and Health Office's strategic objectives and intermediate results framework,

as well as with the required USAID and PEPFAR/DRC strategic objectives. At a minimum, the applicant should include the required indicators listed below or note that they are not applicable. Additional outcome indicators will be needed to develop an effective and accurate measurement tool for this project. Indicators must feed into the USAID/DRC's Mission Wide Performance Management Plan (PMP) and Performance Plan and Report (PPR) as well as PEPFAR's reporting process. Additionally, data collection must support national approaches to strengthening the health information system and not be duplicative of the current data demand on health providers and administrators in clinical and community settings. An external program evaluation will also be conducted for IHAP.

Indicators will be appropriately disaggregated by age, sex, site, and geographical region, as well as other required disaggregations, and will measure the results of the program's strategies addressing gender. Activity M&E must be consistent with USAID's Evaluation Policy, PEPFAR's Site Improvement Monitoring Systems (SIMS, see https://data.pepfar.net/), and PEPFAR MER indicators.

An important aspect of monitoring, particularly for service delivery projects, is the monitoring of compliance with the FP and HIV legal and policy requirements applicable to USAID funds. These legislative and policy requirements deal with voluntarism, informed choice, a target-free approach, quality counseling with comprehensible information, and non-involvement with abortion-related activities.

Required PEPFAR Processes for Program Monitoring

As PEPFAR 3.0 evolves, the Office of the Global AIDS Coordinator (OGAC) is keenly focused on monitoring and achieving results. Several PEPFAR processes have been implemented to help PEPFAR operating units and implementing partners achieve the desired results. USAID seeks recipients who will participate in and contribute to all PEPFAR processes, including the ones described below. All data collection processes and instruments must be dynamic and flexible, ready to accommodate changes to PEPFAR guidance and requirements.

1) Site Improvement Monitoring System (SIMS): USAID staff will conduct visits to supported sites using the SIMS tool to assess the quality of HIV/AIDS services. USAID seeks recipients who will develop a written remediation plan to address any low-scoring domains following each visit and will conduct follow-up visits according to SIMS requirements. Recipients will be evaluated based on their ability to address site-level issues expediently so that measurable change is made within three to six months.

2) PEPFAR Oversight and Accountability Response Team (POART): OGAC conducts quarterly reviews of programmatic and financial results through the POART. Data to be reviewed include but are not limited to SIMS site- and partner-level results, financial data (including pipeline and expenditures), and MER results. Before the calls, partners will be expected to review available data with USAID staff. Following these calls, all partners are expected to act immediately and effectively to address any issues or recommendations so that measurable change is made by the end of the next quarter.
3) Expenditure Analysis: USAID seeks recipients who will participate in the annual DRC-level Expenditure Analysis exercise to help PEPFAR and the USG better understand the costs that the USG finances to provide a broad range of HIV services and support. Data collected and submitted is used to improve program planning. Expenditure data is currently collected at the provincial (DPS) level, although the recipient(s) should be prepared to move to reporting at lower levels, including the health zone or site, if requested.

PEPFAR Indicators

The following are PEPFAR MER indicators. USAID will fund a recipient's program that will report on the indicators at the Direct Service Delivery (DSD) level, versus Technical Assistance for Service Delivery. Details including required levels of disaggregation and more information about DSD requirements can be found in the PEPFAR MER Indicator Reference Guide (March 2015; new version expected later this year). The recipient(s) should be prepared to adapt systems and plan a response to any changes in PEPFAR MER indicators. New required indicators may also be added in response to changes in PEPFAR requirements.

Program Area Group	**Indicator Code**	**Indicator Name**
Prevention Services	HTC_TST	Number of individuals who received HTS for HIV and received their test results
Prevention Services	PMTCT_STAT	Percentage of pregnant women with known status (includes women who were tested for HIV and received their results)
Prevention Services	PMTCT_ARV	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce risk for mother-to-child-transmission (MTCT) during pregnancy and delivery

Prevention Services	PMTCT_EID	Percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth
Prevention Services	PMTCT_FO	Final outcomes among HIV exposed infants registered in the birth cohort
Prevention Services	PMTCT_CTX	Percentage of infants born to HIV-positive pregnant women who were started on Cotrimoxazole (CTX) prophylaxis within two months of birth
Prevention Services	PP_PREV	Percentage of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period
Prevention Services	KP_PREV	Percentage of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required
Prevention Services	GEND_GBV	Number of people receiving post-GBV care
Prevention Services	GEND_NORM	Number of people completing an intervention pertaining to gender norms, that meets minimum criteria
Prevention Services	FPINT_SITE	FP and HIV Integration: Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary FP services
Care and Support	CARE_NEW	Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR

		CD4 count OR viral load
Care and Support	CARE_CURR	Number of HIV-positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load
Care and Support	CARE_COMM	Number of HIV-positive adults and children receiving care and support services outside of the health facility
Care and Support	CARE_SITE	Percentage of PEPFAR-supported clinical care sites at which at least 80 percent of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole
Care and Support	TB_SCREEN	Percentage of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit
Care and Support	TB_STAT	Percentage of registered new and relapsed TB cases with documented HIV status
Care and Support	TB_ART	Percentage of registered TB cases who are HIV-positive who are on ART
Care and Support	TB_IPT	Percentage of PLHIV newly enrolled in HIV clinical care who start isoniazid preventative therapy (IPT)
Care and Support	TB Outcome	TB treatment outcomes among registered new and relapsed TB cases who are HIV-positive
Care and Support	FN_THER	Proportion of clinically undernourished PLHIV who received therapeutic or supplementary food

Care and Support	FN_ASSESS	Percentage of PLHIV in care and treatment who were nutritionally assessed
Treatment	TX_NEW	Number of adults and children newly enrolled on ART
Treatment	TX_CURR	Number of adults and children currently receiving ART [current]
Treatment	TX_RET	Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy (Recommended: 6, 24, 36 months)
Treatment	TX_VIRAL	Percentage of ART patients with a viral load result documented in the medical record within the past 12 months
Treatment	TX_UNDETECT	Proportion of viral load tests with an undetectable viral load (<1000 copies/ml)
Health Systems Strengthening	LAB_PT	Percentage of laboratories and POC testing sites that perform HIV diagnostic testing that participate and successfully pass in an analyte-specific proficiency testing (PT) program
Health Systems Strengthening	SC_STOCK	Percentage of storage sites where commodities are stocked according to plan, by level in supply system
Health Systems Strengthening	HRH_HRIS	Human Resource Information Systems (HRIS) Assessment Framework

In addition to the MER indicators, USAID seeks recipients who will present results using the HIV care and treatment cascade by entry point, including HIV testing, care and support, treatment, and treatment retention.

F. GUIDING PRINCIPLES

The application should demonstrate the following USAID/DRC principles in program design and implementation. These principles will be used to evaluate work plans and assess the recipients' performance during program implementation.

1. Close alignment with the GDRC and strengthening of health systems

IHAP implementation should reflect full alignment to national strategies, protocols, and policy guidelines for HIV/AIDS programming. The recipients should have programs that establish strong relationships with the government at all levels, focusing on the PNLS and PNMLS.

The recipients should have programs that are able to identify key health system strengthening strategies and interventions at the national, provincial, health zone, and facility levels to address bottlenecks and challenges and ensure that epidemic control can be sustained over time. In addition to specific technical areas, the recipients should be able to address strategic information, laboratory, human resource, and supply chain challenges. USAID seeks to fund recipient programs that conduct organizational capacity-building at all levels according to the specific needs and gaps needed to strengthen implementation of the country's HIV/AIDS program, with a focus on target health zones.

2. Compliance with PEPFAR/OGAC processes and guidance

Applications should demonstrate how the recipients' programs would be compliant and responsive in a timely manner to all PEPFAR processes and guidance, including new guidance, processes, and guidelines that may be released in the future. In particular, the recipients' programs should be able to respond effectively to:

- Annual Expenditure Analysis, including appropriate budgeting by health zone and technical area in order to provide accurate data;
- Findings from SIMS visits: the recipients should have a plan in place to quickly analyze problematic SIMS findings, rapidly make changes to ensure that remediation is complete before follow-up visits, conduct follow-up SIMS visits as required, and apply findings broadly to other sites that may experience similar problems to ensure overall quality improvement; and

- Changes in guidelines, including potential use of pre-exposure prophylaxis (PrEP) and "treat all."

3. Ensuring the Continuum of Response (COR)

Recipient programs funded under IHAP should carry out a phased implementation strategy to support target health zones to expand an integrated Continuum of Response (CoR) that promotes epidemic control in DRC's three PEPFAR focus provinces, Haut Katanga, Lualaba, and Kinshasa. The CoR is an approach that helps stakeholders plan for and provide a full range of clinical and community services to address the various prevention, care, support, and treatment needs of people, families, and communities infected or affected by HIV/AIDS.[8] This approach is currently being implemented by the USAID-funded ProVIC+ and IHP+ activities, and USAID intends to fund the recipients who build upon these existing services. Using this approach, linkages to, adherence to, and retention in care and treatment services can be enhanced by capitalizing on all available clinical entry points for HIV-positive individuals (e.g. PITC, PMTCT, ANC, FP/RH, maternal health, nutrition, TB, and other services).

The GDRC is currently engaged in a nationwide effort to accelerate reductions in maternal and child mortality, which provides a great opportunity to create synergies with HIV/AIDS efforts. HIV/AIDS and other infections contribute to negative maternal and RH outcomes in the DRC. A renewed emphasis by the GDRC on strengthening maternal and child health services lends itself to an integrated approach to the provision of a CoR for HIV/AIDS-related services, especially given the rollout of the Option B+ treatment regimen for HIV-positive pregnant women.

Additionally, recipient programs should capitalize on the GDRC's 2014-2020 National Strategic Plan for Family Planning. This commitment to increase modern contraceptive prevalence across the country and ensure access to modern contraceptive methods presents an opportunity for USAID funding to be used to strongly integrate FP with PEPFAR activities during the period of this activity. For IHAP-Kinshasa, the recipient will receive limited funds to incorporate FP activities into supported facilities. For IHAP-Katanga, the recipient will receive funding to work with other implementing partners to ensure that FP services are fully integrated.

[8] The Continuum of the Response: PEPFAR's Use of Integration as a Tool to Improve the Health of Mothers and Children, Build Stronger Health Systems, and Reduce HIV Incidence.

4. Ensuring "smart" service integration

An overall working definition of integrated service delivery is "the management and delivery of health services so that clients receive a continuum of preventive and curative services according to their needs over time and across different levels of the health system." PEPFAR defines integration as "the organization, coordination and management of multiple activities and resources to ensure the delivery of more efficient and coherent services in relation to cost, output, impact, and use (acceptability)."

Service integration and linkages can improve care and reduce missed opportunities for key interventions, such as HTS, provision of ART, FP, PMTCT, and adherence support. Many benefits are claimed for integrated health services—they can be cost-effective, client-oriented, equitable and locally owned. The "cost" element of cost-effectiveness is based on the premise that it is more economically efficient to share resources, particularly human resources, than to have them devoted to one particular disease. The "effectiveness" is based on the idea that services are more effective when they address the whole person (plus his or her family, sexual contacts, etc.) rather than focusing exclusively on just one health problem of an individual.

The national-level health system supports smart integration efforts at the health zone and facility levels. In order for smart integration to occur, the integrated program must be individually tailored to meet the needs of the local context. Prior to designing an integrated program, the following elements should be considered: 1) community needs; 2) available health and social sector resources; 3) service capacity gaps; and 4) local epidemiology.

USAID seeks recipient programs that will ensure close collaboration with other donors and implementing partners to leverage opportunities for smart integration.

5. Use of capacity-building approaches

A key objective of USAID health and HIV/AIDS assistance to DRC is to support sustainable health systems and health care services by reinforcing the national system, with the health zone as the key implementation unit. By taking a health zone approach, rather than a site-based approach to capacity development, activities financed under IHAP are intended to improve health service delivery management, which in turn will increase program efficiencies, effectiveness, and mutual accountability. Focusing on the health zone as well as the province

(DPS), USAID/DRC intends that its funding will consolidate and build on existing activities to improve the response to the HIV/AIDS epidemic in the DRC and contribute to the CDCS objective of strengthening local institutions.

Strengthening capacity of indigenous institutions involved in the implementation of HIV/AIDS activities is a key component to achieve scale-up, results, and ensuring long-term sustainability of PEPFAR-assisted programs. The capacity building of local community structures, such the health center committees and community health and development committees; local institutions, such as Congolese networks of PLHIV, the Congolese Union of PLHIV Organizations; the National Network of Community-Based Organizations for PLHIV; and other identified organizations are an important component of any program financed under IHAP.

6. Use of gender-sensitive approaches

Men have greater access and more formalized rights to a wider variety of assets than women in the DRC. This reality contributes to power imbalances in social and sexual relationships that substantially affect health outcomes. FP and risk-reduction strategies are impacted by reduced ability to negotiate risk reduction and health seeking behaviors. Masculine norms may also prevent men from offering needed support for their female partners or accessing services for themselves. The lack of livelihoods and employment opportunities for men and women with fragile household economic safety nets also likely contributes to violence. Furthermore, fear of violence can be an impediment to seek needed HIV/AIDS-related services.

Gender-based violence (GBV) remains a serious problem throughout the country. Men and women, boys and girls, and transgender individuals all experience GBV. More than 17,000 cases of rape were reported in the DRC in 2009, with nearly half of the victims being girls between the age of 10 and 17. According to the most recent DHS in 2013, 27 percent of women nationwide had experienced sexual violence at some point in their lives, and 16 percent had experienced it within the last 12 months. Of those who have experienced sexual violence, 81.5 percent stated that their husband, partner, or ex-partner was responsible. Overall, 57 percent of women have suffered either physical or sexual violence, and 13 percent of women have been subjected to violence while pregnant. Sexual assault is known to be heavily underreported and the real figures are actually estimated to be much greater.

Gender-sensitive approaches in design, implementation, and monitoring activities will be part of any program financed under IHAP. This will include male involvement in program interventions, addressing gender norms and barriers in service access, and engaging men as

clients, partners, and agents of change. Sex-disaggregated data should be collected at a minimum, where feasible, and used to inform and adjust program implementation. The Interagency Gender Working Group's (IGWG) Gender Continuum Tool[9] and the Updated PEPFAR Gender Strategy[10] provide frameworks and guidance for appropriately addressing gender in programming.

7. Collaboration, Learning, and Adapting

Activities must be coordinated between IHAP-Kinshasa and IHAP-Katanga, and between IHAP and other USAID implementing partners.

To facilitate coordination and collaboration across implementing partners, USAID will convene provincial implementing partner quarterly meetings in Haut Katanga and Lualaba provinces (reflecting DO 2) and national implementing partner quarterly meetings in Kinshasa (reflecting DO 1) approximately two months after the end of each USAID fiscal quarter. For DO 2 activities in Kinshasa (given that it falls out of the primary CDCS geographic space for DO 2), USAID seeks recipients who will record their presence with the local governments and other implementing partners, involve local governments' subject matter specialists in identifying beneficiary populations and areas, and participate in relevant host-country-led planning meetings.

USAID/DRC is committed to obtain local government input and buy-in for Mission activities, to coordinate implementing partners' efforts for greater efficiency and effectiveness, and to measure high-level indicators. This is in an effort to test the Mission hypothesis that "When interventions better focus resources, leverage cross-sector and geographic synergies, build the capability of local institutions to deliver services to the Congolese people, and empower citizens to engage with governments on their needs, then there will be a transformation of the citizen-state relationship and improved, sustainable delivery of services that improve lives in the long-

[9] http://www.igwg.org/igwg_media/Training/FG_GendrIntegrContinuum.pdf

[10] http://www.pepfar.gov/documents/organization/219117.pdf

term." USAID's success in achieving these CDCS objectives will be dependent on field-level collaboration and coordination between USAID, implementing partners, local governments, and other partners.

To facilitate coordination within the geographic scope of DO2, USAID intends to put a provincial-level coordination system in place in the CDCS target provinces (which includes the provinces covered by IHAP-Katanga) to facilitate communication and coordination between implementing partners and with local governments and other partners, including donors. This system will help implementing partners achieve the intended results of the program and will allow USAID to better support the program at the local level. USAID expects the implementing partner for IHAP-Katanga to collaborate with the provincial coordination system to the maximum extent possible, seeking out synergies wherever possible with other USAID partners. USAID also intends to have significant involvement of provincial and local authorities in coordination with USAID development activities.

The Implementing Partner will be expected to:

- Participate in provincial level quarterly meetings. Two meetings per year will be convened with provincial government authorities and senior implementing partner representation will be required;
- Submit summary (executive summary, highlights on important statistics, findings/recommendations, and achievements) quarterly and annual reports and evaluation reports in French to be shared with appropriate provincial authorities;
- Participate in joint annual work planning exercises with USAID implementing partners that share common objectives;
- In coordination with the Agreement Officer Representative (AOR), participate in regular briefings to the government and to meaningfully and appropriately engage government counterparts in program activities;
- Assign one representative to a coordination role to serve on the joint coordination body, chaired by local USAID provincial coordination agent; and
- Coordinate, through the recipient's M&E representative, with the Mission wide M&E Contract [MECC] for co-located implementation sites to ensure that sites are not overburdened with multiple data collection requests from each individual implementing partner.

Recipient programs financed under IHAP will be designed, in collaboration with USAID, using a learning agenda that includes pilot and operational research activities, with a focus on collecting program information to inform scale-up.

The following areas are some examples in which a continuous learning agenda can be applied:

- Adherence and retention of HIV/AIDS patients, particularly among transient populations; and
- Gender and health impact: What are the ways that we can influence a change in the current negative gender (and broader social) norms that will also improve use of HIV/AIDS services?

G. COORDINATION WITH OTHER PARTNERS

USAID seeks to fund recipients who will coordinate with other USG implementing partners (including both PEPFAR (CDC and DOD) and USAID) and build upon investments made by USAID/DRC in HIV/AIDS, health, and development. Recipients are sought who will leverage the necessary talent and resources to fully maximize activity implementation to ensure the continuum of response and smart integration with other health areas. To avoid duplication of effort and optimize the leveraged efforts, it is necessary to have strong relationships with the GDRC and other donor-funded activities in planning and implementing this project. Coordination and engagement with other implementing partners and donors will ensure that recipients are able to maximize impact and efficiency of the assistance that USAID provides to them.

Recipients should coordinate and integrate their USAID-financed programs to the extent possible with all relevant USAID/DRC activities, including:

- **IHP+:** (through Evidence to Action (E2A): Works to improve the basic health conditions of the Congolese people in selected health zones to reduce the disease burden and improve quality of life through greater availability and accessibility of quality health services through service delivery and health systems strengthening activities;
- **LINKAGES**: Works to expand and improve HIV service delivery for FSWs, their clients, and MSM, including technical assistance to the GDRC;
- **Applying Science to Strengthen and Improve Systems (ASSIST)**: Provides quality improvement technical assistance to HIV care and treatment activities and builds capacity at all levels in quality improvement and related health system strengthening;
- **Challenge TB**: Works to improve access of patients to quality TB, TB/HIV, and drug-resistant TB diagnosis, care, and prevention of transmission and disease progression;

- **Supply chain mechanisms**: Including mechanisms that provide commodities and technical assistance (e.g., Systems for Improved Access to Pharmaceuticals and Services (SIAPS), Supply Chain Management System (SCMS), Global Health Supply Chain)
- **4Children**: (1) Provides targeted technical assistance to improve the capacity of the Ministry of Social Affairs to fulfill the implementation of their mandates and ensure a functioning social welfare system that is HIV- and child-sensitive and (2) implements OVC activities in Kinshasa to strengthen OVC-related health and social services for children affected by HIV and AIDS and their caregivers
- **Accelerating Social Behavior Change and Communications activity**: Will work to build the capacity of the DRC to develop and implement high impact behavior change activities
- **ELIKIA**: Will develop DRC's child protection sector in Haut Katanga by 1) reducing economic vulnerability of target households so that they can better provide for the essential needs of children in their care; 2) increasing utilization of essential services among target OVC and their households; and 3) strengthening GDRC provincial and district social welfare system;
- **Health, Finance & Governance (HFG)**: Develops institutional capacity of select national and provincial institutions (MOH) to more effectively implement their mandates and strengthen accountable governance;
- **Maternal and Child Survival Program (MCSP)**: Accelerates reductions in maternal and child mortality by strengthening national MOH capacity to strategically scale up cost-effective, evidence-based interventions and strengthen the capacity of Congolese health professional organizations at the national level to provide quality in-service training and pre-service education on key maternal and newborn health and post-partum family planning interventions;
- **Strengthening Demand for and Access to Family Planning and Related Services (SIFPO)**: (1) Increases the availability of quality health services and products related to FP; MCH; water, sanitation and hygiene (WASH); and HIV/AIDS; (2) Increases the knowledge of and demand for health services and products related to FP, MCH, WASH and HIV; and (3) Strengthens the capacity of local organizations in behavior change communication, community mobilization, and distribution of health products; and
- **Integrated Governance Activity (IGA)**: Strengthens key governance institutions in order to improve the delivery of health, education, and economic growth services at the community level and to strengthen the social contract between citizens and government in the DRC.

USAID seeks recipients who will also coordinate and engage with relevant non-USG funded partners, including but not limited to:

- Global Fund Prime Recipients and Sub-recipients;

- Action Damien;
- Gates Foundation (FP activities in Kinshasa); and
- UNICEF.

(END OF SECTION A)

SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

Subject to funding availability, USAID intends to provide $70 million in total USAID funding over a five year period. The ceiling for this program is $70 million for two awards. Actual funding amounts are subject to availability of funds.

USAID intends to award two (2) Cooperative Agreements pursuant to this notice of funding opportunity. The Haut Katanga/Lualaba Cooperative Agreement will be approximately 65 percent of the total ceiling and the Kinshasa Cooperative Agreement will be approximately 35 percent of the total ceiling.

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

2. Start Date and Period of Performance for Federal Awards

The period of performance anticipated herein is five (5) years. The estimated start date will be upon the signature of the award.

3. Substantial Involvement

Consistent with ADS 303.3.11, USAID/DRC will be substantially involved in the implementation of the IHAP Activity. The intended purpose of the Agreement Officer's Representative (AOR) involvement during the implementation of the program is to assist the recipient(s) in achieving the supported objectives. It is expected that the Agreement Officer will delegate the following approvals to the AOR, except for changes to the Program Description or the approved budget or key personnel, which may only be approved by the Agreement Officer.

Elements of Substantial Involvement:

1. Approval of the Recipient's Implementation Plans.

    a) Approval of Annual Work Plans
    b) Approval of the Recipients' Monitoring and Evaluation Plan

2. Approval of Specified Key Personnel.

The following positions have been designated as key to the successful implementation of the program objectives of this Cooperative Agreement. In accordance with the Substantial Involvement clause of this award, these personnel are subject to the approval of the Agreement Officer:

- Chief of Party;
- Deputy Chief of Party, Director of Finance and Administration;
- Deputy Chief of Party, Director of Clinical Services.

3. Agency and Recipient Collaboration or Joint Participation

   a) Approval of sub-awards. USAID shall have substantial involvement in the criteria and selection of sub-award recipients through means of collaboration and joint participation. Unless otherwise directed by the Agreement Officer, USAID shall concur with the selection of all sub-award recipients and substantive provisions of the sub-awards

   b) Agency monitoring to permit special kinds of direction or redirection because of interrelationships with other USAID and other donor programs, alignment with U.S. foreign policy objectives, USAID/DRC's CDCS, and the PEPFAR/DRC strategy.

4. Title to Property

For Non-US NGO: Property title under the resultant agreement shall vest with the recipient(s) in accordance with the Requirements of Mandatory Provision named **"**M7. TITLE TO AND USE OF PROPERTY (DECEMBER 2014)."

For US NGO: Property title will be vested in the cooperating country, and it will be in accordance with the required as applicable provision named "RAA8. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)".

For goods purchased with funds under DOAG, the title to property will be vested to Host Country.

5. Authorized Geographic Code

The geographic code for this program is **935.**

6. Purpose of the Award

The principal purpose of the relationship with the Recipient(s) and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of **the Integrated HIV/AIDS Program** which is authorized by Federal statute.

The successful Recipient(s) will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award. The Recipient using its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the resulting award.

(END OF SECTION B)

SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

This NOFO is a full and open competition with no eligibility restrictions. Any types of U.S. and non-U.S. organizations may participate under this NOFO.

All applicants must be legally recognized organizational entities under applicable law, as follows:

1. Non-Governmental Organizations (NGOs): Qualified U.S. and non-U.S. private non-profit organizations may apply for USAID funding under this NOFO. Foreign government-owned parastatal organizations from countries that are ineligible for assistance under the FAA or related appropriations acts are ineligible.

2. For-Profit Organizations: Qualified U.S. and non-U.S. for-profit organizations may apply for USAID funding under this NOFO. Potential for-profit applicants should note that, pursuant to 2 CFR 200.400(g), the payment of fee/profit to the prime recipient under grants and cooperative agreements is prohibited. Forgone profit does not qualify as cost-sharing or leveraging. However, if a prime recipient has a (sub)-contract with a for-profit organization for the acquisition of goods or services (i.e., if a buyer-seller relationship is created), fee/profit for the (sub)- contractor is authorized. Non-U.S. for-profit organizations in countries that are ineligible for assistance under the FAA or related appropriations acts are ineligible.

Under the authorities of the Federal Grant and Cooperative Agreement act, and the Foreign Assistance Act of 1961, as amended, USAID hereby opens this action under a full and open competition NOFO, to any types of organization, including large or small, commercial (for profit) firms, faith-based, and non-profit organizations in partnerships and/or consortia from Authorized Geographical Code 935, are eligible to compete.

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

No applications for renewal or supplementation of existing projects are eligible to compete with applications for new Federal awards under this NOFO.

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S.

Government standards, laws, and regulations. The successful applicant(s) will be subject to a responsibility determination assessment by the Agreement Officer (AO).

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

2. Cost Sharing or Matching

USAID has established a minimum cost share of no less than five (5) percent of the projected award amount for the recipient(s) of the award. Such funds may be mobilized from the recipient(s); other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. Cash or in-kind contributions associated with the proposed project must be reflected separately and clearly defined in the budget (see 2 CFR 200.306, 2 CFR 700.1 and ADS 303.3.10 for guidance on cost share). Cost sharing must consist of allowable costs under the applicable USG cost principles (Office of Management and Budget [OMB] Circular A-122; and Required As Applicable Standard Provision No. 14 for Non-US Nongovernmental Recipients.).

3. Pre-Award Risk Assessment:

In order for an organization to be eligible for an award under this NOFO, the USAID Agreement Officer must make a positive risk assessment determination, as discussed in ADS 303.3.9. This means that the applicant:

- Possesses or has the ability to obtain the necessary management competence to plan and carry out the assistance program to be funded;
- Will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID;
- Has a satisfactory record of performance (*);
- Has a satisfactory record of business integrity; and
- Is otherwise qualified to receive an award under applicable laws and regulations.

Failure to meet these thresholds will lead to removal from consideration of an award.

(*) Past performance: (See preparation instruction in Section D, sub-paragraph IV.F).

4. Other

USAID may not award to an applicant until the applicant has active records in SAM, or complied with all applicable unique entity identifier and SAM requirements (i.e. the Unique Entity Identifier and System for Award Management.)

SECTION D: APPLICATION AND SUBMISSION INFORMATION

I. Agency Point of Contact

Contact Information:

Patrick J. Kollars
Supervisory Agreement Officer
Avenue Isiro No. 198
E-mail: pkollars@usaid.gov
Phone: +243 555 4430 and
Fax +243 81 555 3528

Questions and Answers:

All questions regarding this NOFO should be submitted in writing to Ony Razafindratovo, e-mail: orazafindratovo@usaid.gov, with a copy to Patrick J. Kollars, Supervisory Agreement Officer, see the above e-mail address. Questions should be submitted no later than **the date and time indicated in the cover page of this NOFO,** to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation.

Any information given to a prospective Applicant concerning this NOFO will be furnished promptly to all other prospective Applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

II. Content and Form of Application Submission

Applicants are expected to review, understand, and comply with all aspects of this NOFO.

Applicants must submit two (2) separate applications for the following:

1. **IHAP-Kinshasa**
2. **IHAP-Haut Katanga/ Lualaba**

Application Format:

- Typed, single space on letter size paper (not legal size paper);
- 12 font size;
- Technical and cost application should be also separate from each other (i.e. separate documents/files) and all materials and supporting documentation must be in English;
- Text must be submitted in compatible MS Word (or PDF with Optical Character Recognition) format and budgets as text accessible, Excel spreadsheets with formula, if any, unlocked. Documents containing handwritten signatures may be scanned and submitted as PDF or other compatible format.

Preparation of Applications:
Each Applicant shall furnish the information required by this NOFO. Each application shall be also submitted in two separate parts: (a) Technical Application, and (b) Cost/Business Application.

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

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

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

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

Applicants should retain for their records one (1) copy of the application and all enclosures which accompany it.

III. Application Submission Procedures

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

Applicants may upload applications to http://www.grants.gov. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions.

If electronic (e-mail) is the media for submitting the application you must observe the instruction in Sub-Section I above, and use the POC if Applicant is experiencing difficulty with submission

For an application sent by multiple emails, please indicate in the subject line of the email whether the email relates to the technical or cost application, and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line which says: "[organization name], Cost Application, Part 1 of 2".

Our preference is that the technical application and the cost application be submitted as single email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending them. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear. All applications received by the submission deadline will be reviewed for responsiveness to the NOFO and the application format. No addition or modifications will be accepted after the submission date.

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

Component pieces of the technical application: All copies of the application must bear original signatures on the face page. This includes any pieces that may be submitted separately by third parties (e.g., references or letters confirming commitments from third parties that will be contributing a portion of any required cost sharing and/or the program implementation).

The technical application will be the most important factor for consideration in selection for award of the proposed Cooperative Agreement(s). Technical applications should be specific, complete and presented concisely. A lengthy application does not in and of itself constitute a

well thought out proposal. Applications shall demonstrate the applicant's capabilities and expertise with respect to achieving the results of this program. Technical applications should take into account requirements of the program and selection factors found in this NOFO.

IV. Technical Application Format

The application is limited to 35 pages for the technical application, excluding annexes and sections identified below as not included in the page limit. **PAGES EXCEEDING THESE PAGE LIMITS WILL NOT BE EVALUATED.** The application shall be typed in twelve point font on standard 8 1/2" x 11" or A4 sized paper with each page numbered consecutively. The Technical Application should be in English.

The technical application shall include the following sections:

A. Cover Page (*not included in the page limit*)

The Cover Page should include the following:

- NOFO Number
- Project Title
- Name of organization (s) submitting the application
- Name and title of contact person or position within the organization
- E-mail address
- Telephone and fax numbers
- Postal and physical addresses

Applicants should also state clearly whether the identified contact person has the authority to negotiate on behalf of the applicant, or, if not, the contact information for the appropriate person with the authority to negotiate.

B. Table of contents (*not included in the page limit)*

C. Acronym List (*not included in the page limit)*

D. Executive Summary

E. Technical Approach

The technical application body shall be organized using the same headings as the technical selection criteria. The sections are listed and further described below:

1. Selection Criterion #1: Technical Understanding and Proposed Approaches
2. Selection Criterion #2: Key Personnel and Management Structure
3. Selection Criterion #3: Organizational Capacity and Experience

(See Section E **APPLICATION REVIEW INFORMATION** for detailed selection criteria.)

F. Past Performance

USAID must validate the apparent successful applicant's past performance reference information. All applicants will be subject to a past performance review for demonstrated successful past performance in previous and/or existing projects.

Past performance information must be provided **as an annex** and should relate to the specific technical nature of the IHAP activity. The Applicant shall provide detailed past performance information, which should include all relevant Awards (Contracts, Grants and Cooperative Agreements) performed within the last three (3) years that are similar in size, scope and expected results to what is contained in the Program Description. At minimum, the list should include for each referenced Award:

- Name of the Organization;
- Award Number;
- Activity Title;
- A brief description of the activity;
- Period of Performance;
- Award Amount; and
- Names of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information.

If the Applicant encountered problems on any of the referenced Awards, they may provide a short explanation and the corrective action taken. Applicant shall not provide general information on their performance.

USAID may use the Contractor Performance Assessment Reporting System (CPARS) and the Past Performance Information Retrieval System (PPIRS) if there is information available on the

recipient in these systems, taking into account the differences between performance under acquisition and performance under assistance.

The USAID may contact references other than those provided in the application.

Note: Please find a Past Performance Information (PPI) form in Section J of this NOFO to simplify Applicant's' submission and evaluation of PPI.

V. Cost Application Format

The following sections describe the documentation that the Applicants must submit to USAID prior to awards(s). While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary details to address the following items listed below:

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

The Cost/Business application is to be submitted under a separate cover from the Technical application. The budget is to be presented in Microsoft Excel 2003 or Excel 2010. The **uniform Excel Sheet Format** to be used is as per attached with this NOFO. The Applicant is to submit a budget broken down by program years with an accompanying detailed budget narrative (in Word 2003 or Word 2010 text accessible) which provides in detail the total costs for implementation of the program as further detailed below.

It is USAID policy not to burden the Applicants, with undue reporting requirements, so Applicants should limit their submission with the information that is readily available through other sources for certain of the documents that are required to be submitted by Applicants in order for the Agreement Officer to make a determination of responsibility.

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

If the Applicant has established a consortium or another legal relationship among its partners, the If an Applicant has established a consortium or another legal relationship among its partners, Cost/Business application must include a copy of the legal relationship between the parties. The agreement should include a full discussion of the relationship between the Applicant and Sub-Applicant(s) including identification of the Applicant(s) with which USAID will work with for

purposes of Agreement administration, identity of the Applicant(s) which will have accounting responsibility, how Agreement effort will be allocated and the express agreement of the principals thereto to be held jointly and severely liable for the acts or omissions of the other.
An extensive cost analysis will be performed for the apparently successful Applicant(s). Therefore, the budget information required from the apparently successful Applicant should be in enough details to determine the proposed costs for the Applicant's program to be allocable, allowable and reasonable.

The cost information an Applicant is to submit is listed below:

The following sections describe the documentation that Applicants must submit with their initial applications to USAID prior to award(s). While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary details to determine the proposed costs for the Applicant's program to be allocable, allowable and reasonable. The application must address the following:

1. Budget narrative and justification. The application must have an accompanying detailed budget narrative and justification that provides in detail the total program amount for implementation of the program your organization is proposing. The budget narrative should provide information regarding the basis of estimate for each line item, including reference to sources used to substantiate the cost estimate (e.g. organization's policy, payroll document, and vendor quotes, etc.).

2. SF-424 and SF-424A. A budget for each program year with an accompanying detailed budget narrative which provides in detail the total costs for implementation of the program. The budget must be submitted using Standard Form 424 which can be downloaded from the following web site at: http://apply07.grants.gov/apply/FormLinks?family=15

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

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

Pursuant to 2 CFR 200 "Contract" means a legal instrument by which the Applicant purchases property or services needed to carry out the project or program under a resulting award. The term does not include a legal instrument when the substance of the transaction meets the

definition of a Federal award or sub-award (See § 200.92 Sub-award), even if the Applicant considers it a contract. The Applicant must describe the work to be performed, the risk borne by the contractor, the contractor's investment, the amount of subcontracting proposed by the contractor, and the quality of its record of past performance for similar work. For-profit contract organizations that work under the award and do not meet the above definition of a sub-awardee are eligible for profit/fee.

The cost/business application should contain the budget categories: as shown on the SF-424A

The Applicant and/or Major Sub-Applicant should also provide the organization's negotiated indirect cost agreement if it has one. Otherwise, the following reports must be provided to substitute the NICRA:

- **Reviewed financial statements** that provide the user with comfort that, based on the accountant's review, the accountant is not aware of any material modifications that should be made to the financial statements for the statements to be in conformity with the applicable financial reporting framework. During a review engagement, the Accountant obtains limited assurance that there are no material modifications that should be made to the financial statements. Therefore, the objective of a review of the financial statements is to obtain limited assurance that there are no material modifications that should be made to the financial statements. A review does not contemplate obtaining an understanding of the entity's internal control; assessing fraud risk; testing accounting records; or other procedures ordinarily performed in an audit. The CPA issues a report stating the review was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation.
- **Audited financial statements** that provide the user with the auditor's opinion that the financial statements are presented fairly, in all material respects, in conformity with the applicable financial reporting framework. In an audit, the auditor is required by auditing standards generally accepted in the United States of America (GAAS) to obtain an understanding of the entity's internal control and assess fraud risk. The auditor also corroborates the amounts and disclosures included in the financial statements by obtaining audit evidence through inquiry, physical inspection, observation, third-party confirmations, examination, analytical procedures and other procedures. The auditor issues a report that states that the audit was conducted in accordance with GAAS, the financial statements are the responsibility of management, provides an opinion that the financial statements present fairly in all material respects the financial position of the company and the results of operations are in conformity

with the applicable financial reporting framework (or issues a qualified opinion if the financial statements are not in conformity with the applicable financial reporting framework. The auditor may also issue a disclaimer of opinion or an adverse opinion if appropriate).

The application should not include:

Compiled financial statements shall not be accepted because the Accountant does not obtain or provide any assurance that there are no material modifications that should be made to the financial statements. That is, you have no assurance that the organization is misrepresenting their costs on compiled financial statements which puts the agency at risk.

5. Negotiated Indirect Cost Rate Agreement (NICRA).

The Applicant **must** submit a NICRA if the organization has such an agreement with an agency or department of the U.S. Government. If no NICRA the Applicant should submit the following:

Reviewed Financial Statements Report: a report issued by a Certified Public Account (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation. The account must also state the he or she is not aware of any material modifications that should be made to the financial statements; or

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

6. Cost Sharing

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

7. Assurances, Certifications and Representations, Evidence of responsibility, and Certificate of Compliance.

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

1. *Required assurances, certifications and representations*

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

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

3. *Certificate of Compliance*: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

4. *Statutory and Regulation Certifications*:
The Applicant shall complete the required certifications in Section IV (b), sign and date in the signature space provided. The signed and dated printout must then be submitted with the application **as an annex** to the cost application. Original signed hardcopy of the certifications will be requested from the successful applicant prior to the agreement award.

8. Potential Request for Additional Documentation

Upon consideration of award or during the negotiations leading to an award, Applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to make an affirmative determination of responsibility.

Applicants should not submit the information below with their applications. The information in this section is provided so that Applicants may become familiar with additional documentation that may be requested by the Agreement Officer:
- **Branding strategy and marking plan**. This plan is only for successful applicant(s) to provide.

The information submitted should substantiate:

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

9. Required Certifications

Apart from the certifications included in the **Standard Form 424**, any U.S. and/or non-U.S. organizations submitting applications in response to this NOFO must provide the Agreement Officer with the "Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provision." See in the link below:
https://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

10. Unique Entity Identifier and System for Award Management (SAM)

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

Dun and Bradstreet and SAM.gov Requirements:

Each applicant is required to:

(i) Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient.;

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

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

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

VI. Funding Restrictions

No reimbursement of pre-award costs is allowable under this funding opportunity unless otherwise authorized by the Agreement Officer by issuance of a pre-award expenses letter. In line with 2 CFR 200.209 and 200.458 Pre-award costs states "Pre-award costs are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Such costs are allowable only to the extent that they would have been allowable if incurred after the date of the Federal award and only with the written approval of the Federal awarding agency."

Construction is not an allowable activity under this assistance. Direct costs, foreign travel, and equipment purchases must be realistically correspond with the requirements under this NOFO and the applicants' detailed program descriptions.

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

VII. Applications Compliance Checklist

The following forms the Agreement Officer's acknowledgement of receipt of an applicant's submission:

In time, accurate, complete, and consistent submission, in line with this Section D "Requirement for Submission of Application," will only be considered.

Checklist follows:

The following tabular form with a summary is provided below to help applicants verify the completeness of their application package prior to submission:

Requirements (Technical and Cost application contents)	**Section D : Application and Submission of Information**	**Instructions**
Point of Contact(s)	- Names and address; - Question and Answers.	I
Contents and Form of Application (General)	- Application Format; - Preparation of Applications.	II
Application Submission Procedures (General)	- Respect for Date and time; - Ensure completeness of all necessary documents; - Observe the instructions for electronic submission, including multiple e-mails.	III
Technical Application Format	- Page limit; - Detail of Sections: A. Cover Page; B. Table of Contents; C. Acronym List; D. Executive Summary; and E. Technical Approach (Factors, Sub-Factors) F. Past Performance	IV
Cost Application Format	1. Budget narratives and justification; 2. SF-424 and SF-424A; 3. Detailed Budget; 4. Contractors and/or Sub-awardees; 5. NICRA; 6. Cost Sharing; 7. Assurances, Certification and Representations, Evidence of Responsibility, and Certificate of compliance; 8. Potential Request for Additional Documentation; 9. Required Certifications; 10. Unique Entity Identifier and Systems for Award Management (SAM); Dun and Bradstreet and SAM.Gov Requirements.	V
Funding Restrictions	- No reimbursement of Pre-award costs; - Construction is not allowable; - USAID policy is not to award profit under assistance instruments.	VI
Applications Compliance Checklist	This Tabular Form	VII
Dates of Submission		NOFO

(Questions, Applications)		Cover Page

(END OF SECTION D)

SECTION E: APPLICATION REVIEW INFORMATION

A. *Technical Evaluation*

1. Review and Selection Process

USAID will conduct a merit review of all applications received that complies with the instructions in this NOFO. Applications will be reviewed and evaluated in accordance with the following three criteria shown in descending order of importance.

The criteria presented below have been tailored to the requirements of this particular NOFO.

Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications; and (b) set the standard against which all applications will be evaluated.

Note: To facilitate the review of applications, applicants must organize the narrative sections of their applications in the same order as the Selection Criteria.

The technical applications will be evaluated in accordance with the Selection criteria set forth below. Thereafter, the cost applications of the apparently successful applicant(s) submitting a technically acceptable application will be evaluated for general reasonableness, allowability, and allocability.

An award will be made to the responsible applicant whose application offers the greatest value to the U.S. Government, cost and other criteria considered. The final award decision is made by the Agreement Officer, with consideration of the recommendations of the Selection Committee.

2. Selection Criteria for the Technical Application:

The following three selection factors, which are further described below, will be the basis of evaluation for all technical applications. All criteria are listed in descending order of importance.

Selection Criterion #1: Technical Understanding and Proposed Approaches
Selection Criterion #2: Key Personnel and Management Structure
Selection Criterion #3: Organizational Capacity and Experience

CRITERION	CRITERION NAME
Criterion 1	Technical Understanding and Proposed Approaches

Sub-Criterion 1.1	Technical Approach
Sub-Criterion 1.2	Draft Work Plan
Sub-Criterion 1.3	Draft Monitoring and Evaluation Plan
Sub-Criterion 1.4	Collaboration with GDRC, the GDRC, USAID Programs, other donor programs, and key stakeholders.
Criterion 2	Key Personnel and Management Structure
Sub-Criterion 2.1	Staffing Plan/Key Personnel
Sub-Criterion 2.2	Management Plan
Criterion 3	Organizational Capacity and Experience

CRITERION 1	**CRITERION NAME:**	Technical Understanding and Proposed Approaches	**IMPORTANCE or WEIGHT:**	High Importance

a. Instructions to Applicant:
The technical application should be specific, complete, and presented concisely. The technical approach should demonstrate the applicant's capabilities and expertise with respect to achieving the expected results of this activity. The technical application should take into account the content provided in the Program Description, the instructions provided in this section, and the evaluation criteria found in this NOFO.

b. Selection Criteria:

In assessing this factor, the Selection Committee will consider:

a) Extent to which the proposed approaches, performance targets, work plan and strategies are logical, feasible and reflect high-impact and innovative interventions as well as apply the guiding principles/cross-cutting themes to achieve the project objectives (***Highest Importance***);
b) Extent to which the application and the draft work plan demonstrates a well-thought-out plan to improve the HIV/AIDS response for ensured epidemic control (***High Importance***);
c) Degree to which proposed monitoring and evaluation plan is clear and logical and will accurately track progress towards program objectives and demonstrate results leading to epidemic control (***Moderate Importance***); and
d) Degree to which the approach incorporates appropriate collaboration with the GDRC, other USAID programs, other donor programs, and key stakeholders (***Lower Importance***).

SUB CRITERION 1.1	SUB-CRITERION NAME:	Technical Approach	IMPORTANCE or WEIGHT:	Highest (of sub-criteria for Criterion 1)

a. Instructions to Applicant:

The Applicant is expected to propose a technical approach that builds on lessons learned and best practices from past USAID and PEPFAR program in low resource settings in Sub-Saharan Africa. The Technical application should incorporate a clear explanation of the following:

- The approach and methodologies that will be used to achieve the program goal, objectives, and intermediate results, including illustrative examples of how results will be achieved;
- A comprehensive understanding of the development challenges and opportunities in the DRC and how the approach and methodologies leverage that understanding in a results-focused, data-driven approach;
- An analysis of anticipated risks and plans to mitigate risks;
- How the approach will be flexible and adaptable in a challenging political and socio-economic environment;
- How the approach and methodology will be responsive to PEPFAR 3.0;
- How the approach will be responsive to required PEPFAR processes for program monitoring, including SIMS, POART, and the Expenditure Analysis (as explained in E3 of the Program Description);
- How epidemic control will be achieved in focus health zones;
- How data and evidence gaps will be addressed;
- How facility and community linkages will be established and reinforced to increase service utilization and retention;
- How “smart integration” will be used to strengthen HIV/AIDS, MCH, and FP/RH, including coordination with other USAID and non-USAID funded programs;
- The utilization of partnerships and alliances to achieve the program goal, including those with local implementing partners;
- How the human and institutional capacity development of local implementing partners will be strengthened to contribute to sustainability, where applicable;
- Collaboration with other USAID programs and stakeholders;
- Expected collaboration between IHAP-Kinshasa and IHAP-Haut Katanga/Lualaba;
- Cross-cutting considerations, including gender, innovation, and environmental impact; and
- Plans to foster long-term sustainability within the DRC.

b. Selection Sub-criteria:

In assessing this sub-criterion, the Selection Committee will consider:

a) Extent to which the proposed approaches, performance targets, work plan and strategies are logical, feasible and reflect high-impact and innovative interventions as well as apply the guiding principles/cross-cutting themes to achieve the project objectives; and
b) Extent to which the technical approach clearly explains the items listed under "Instructions to the Applicant" above.

SUB CRITERION 1.2	SUB-CRITERION NAME:	Draft Work Plan	IMPORTANCE or WEIGHT:	High (of sub-criteria for Criterion 1)

a. Instructions to Applicant:
The application should include a **draft first year work plan** in the annex (not included in the page limit), which includes the timeline for mobilization and timing of proposed activities in the first year. The draft work plan should include the planned transition of current USAID activities that will be integrated into the scope of IHAP.

b. Selection Sub-criteria:
In assessing this criterion, the Selection Committee will consider:

a) Extent to which the draft work plan demonstrates a thorough understanding of the current context and policy environment in DRC to improve the HIV/AIDS response for ensured epidemic control;
b) Extent to which the draft work plan demonstrates a clear and rational timeline for mobilization and proposed activities in the first year; and
c) Quality of the plan for transition of current USAID activities that will be integrated into the scope of IHAP.

SUB CRITERION 1.3	SUB-CRITERION NAME:	Draft of Monitoring and Evaluation Plan	IMPORTANCE or WEIGHT:	Moderate (of sub-criteria for Criterion 1)

a. Instructions to Applicant:
The application should also include a **draft monitoring and evaluation plan,** which includes standard and customized indicators, targets, and frequency of reporting.

b. Selection Sub-criteria:
In assessing this sub-criterion, the Selection Committee will consider:

a) Completeness and feasibility of proposed indicators and targets; and
b) Completeness and feasibility of data collecting and reporting plan.

SUB CRITERION 1.4	SUB-CRITERION NAME:	Collaboration with GDRC, USAID Programs, other donor programs, and key stakeholders	IMPORTANCE or WEIGHT:	Lower (of sub-criteria for Criterion 1)

a. Instructions to Applicant:
The technical application must incorporate a clear explanation of the following:

1. Collaboration with other USAID programs and other stakeholders; and
2. Expected collaboration between IHAP-Kinshasa and IHAP-Haut Katanga/ Lualaba.

b. Selection Sub-criteria:
In assessing this sub-criterion, the Selection Committee will consider:

a) Completeness and feasibility of proposed plan for coordination with other USAID programs and other stakeholders; and
b) Completeness and feasibility of proposed plan for coordination between IHAP-Kinshasa and IHAP-Haut-Katanga/Lualaba

CRITERION 2	CRITERION NAME:	Key Personnel and Management Structure	IMPORTANCE or WEIGHT:	Moderate Importance

a. Instructions to Applicant:

The technical application shall include a management and staffing plan. The staffing plan shall state the roles and responsibilities of planned professional staff positions, their expected LOE on IHAP, and where they would be based. The staffing approach must demonstrate a strong emphasis of Congolese staff participation. The Applicant should provide a comprehensive staffing plan, including roles and responsibilities of staff required to achieve results.

b. Selection Sub-criteria:

In assessing this sub-criterion, the Selection Committee will consider:

a) Proposed key personnel have relevant professional qualifications and experience appropriate to manage and achieve the expected results (***High Importance***); and
b) Extent to which the application presents a management structure that will be flexible and responsive to the project's needs and demonstrates coordination with existing programs and relevant stakeholders (***Moderate Importance***).

SUB CRITERION 2.1	**SUB-CRITERION NAME:**	Staffing Plan/Key Personnel	**IMPORTANCE or WEIGHT:**	High (of sub-criteria for Criterion 2)

a. Instructions to Applicant:

The Applicant must propose a staffing approach that avoids unnecessary labor, unjustified high salaries and expenditures, and high use of external consultants.

Key personnel are those considered to be essential to the work being performed under IHAP. It is expected that the key personnel will serve the full term of the agreements. Key personnel and changes to key personnel are subject to approval by the USAID AO and concurrence by the AOR prior to their employment under this award.

The Applicant must propose individuals for the three (3) key personnel positions below, that are highly qualified to fulfill the responsibilities of these roles as described. Key personnel must have strong managerial, skills, technical capacity, expertise and experience to effectively manage and support the overall mechanism and its staff. All USAID key personnel should be at 100 percent LOE for the IHAP.

The application narrative shall clearly summarize the professional qualifications of proposed Key Personnel in light of the roles of responsibilities of each position. Key Personnel will be assessed on the appropriateness of their experience and qualifications. Minimum qualifications are stated below. The Applicant may highlight additional position qualifications. Availability of Key Personnel must be clearly stated and supported by letters of commitment.

For each proposed Key Personnel, a complete and current résumé demonstrating the candidate's qualifications and experience shall be submitted as an annex. Resumes shall not exceed four pages in length. The Applicant must include an exclusive letter of commitment for each key position. Applicants shall also submit three (3) references of professional contacts, with current contact information including email addresses and telephone numbers, for each proposed candidate. USAID may also check other sources to

gather information on proposed personnel including, but not limited to, other USAID or U.S. Government persons who have knowledge of their previous work.

The following are required qualifications and experience for each of the designated key personnel:

1. Chief of Party (COP):

The Chief of Party (COP) shall be responsible for all aspects of program implementation and overall program management, providing leadership to attain objectives, ensuring adequate communications with USAID, identifying and mitigating program risks, and coordinating with other programs, partners, and GDRC entities. The Chief of Party acts as the principal liaison with USAID. The candidate for this position should possess the following minimum qualifications:

- Master's degree in public health, business administration or related field;
- Experience managing PEPFAR-funded HIV/AIDS programs in the region
- At least ten years of experience in managing donor-funded projects of similar size and scope, and in the design and implementation of health projects; preferably in DRC or comparable geographic settings;
- Experience in health service delivery and institution strengthening of local organizations;
- Ability to advise GDRC, and create and maintain effective working relations with international and local stakeholders, NGOs, local partners, and U.S. Government Agencies; and
- Fluency in both English and French (written and spoken).

2. Deputy Chief of Party, Director of Finance and Administration

The Director of Finance and Administration shall be responsible for overall program financial management and administration, sub-agreements, internal audits, compliance with all USAID rules and regulations, and the identification and mitigation of financial and administrative risks. The candidate for this position should possess the following minimum qualifications:

- Master's degree in relevant field;
- At least seven years of relevant management experience, with progressive responsibilities in developing countries (of which some experience should be in Francophone Africa);
- Demonstrated experience in financial management, business management, quality control, audits, procurements, or legal fields. This must include ensuring compliance to organizational policies, procedures and internal controls;

- Demonstrated ability to manage grants under contract funds;
- Supervisory experience, including direct supervision and performance evaluation of professional and support staff; and
- Fluency in English and French (written and spoken).

3. Deputy Chief of Party, Director of Clinical Services

The Director of Clinical Services shall be responsible for overall technical oversight of the program, ensuring that state of the art; evidence-based practices are applied and reinforced to achieve epidemic control in target health zones. The candidate for this position should possess the following minimum qualifications:

- Medical degree is required. An advanced degree in public health or a related field is preferred;
- At least ten years of experience managing and providing technical oversight to clinical programs, particularly in the area of HIV/AIDS care and treatment and PMTCT;
- Demonstrated ability to interact regularly with Ministry of Health at national and provincial levels;
- Supervisory experience, including direct supervision and performance evaluation of professional and support staff;
- Demonstrated leadership, strategic planning, and technical skills in programming for HIV/AIDS, including clinical programs; and
- Fluency in French (written and spoken); working knowledge of English (written and spoken).

b. Selection Sub-criteria:
In assessing this factor, the Selection Committee will consider:

a) Extent to which proposed key personnel have relevant professional qualifications and experience appropriate to manage and achieve the expected results, according to the criteria described above under "Instructions to Applicant;" and
b) Overall quality of proposed key personnel.

SUB CRITERION 2.2	SUB-CRITERION NAME:	Management Plan	IMPORTANCE or WEIGHT:	High (of sub-criteria for Criterion 2)

a. Instructions to Applicant:

Applicants should propose a comprehensive management plan that demonstrates the applicant's ability to effectively develop and manage a successful activity that achieves program objectives and expected results and meets targets in the monitoring and evaluation plan. If the application is from a consortium, partnership with more than one organization, or includes significant implementation sub-awardees, the management plan must identify the formal relationships, roles, and responsibilities of each consortium member, partner organization, or implementing sub-awardees. If the proposed management plan includes partners, the applicant should demonstrate experience leading an effective consortium. The Applicant should differentiate Home Office/headquarters versus field-based staff and clearly describe the headquarters support and LOE, by position, that will be dedicated to IHAP. The Applicant should also indicate where the country office(s) will be located. For IHAP/Haut Katanga and Lualaba, USAID prefers that the project office be based in Lubumbashi with a sub-office in Lualaba.

In an annex, applicants are encouraged to include the following:

- A summary staffing plan and summary organizational chart which, together, show the totality of positions proposed for all components of the implementation plan, expected LOE by position, inter- staff relationships and lines of communications; and
- A narrative that explains the staffing plan and organization chart(s) and describes the advantages of the management approach.

b. Selection Sub-criteria:
In assessing this factor, the Selection Committee will consider:

a) Extent to which the application presents a management structure that will be flexible and responsive to the project's needs; and
b) Extent to which the proposed management structure will facilitate coordination with other existing programs and relevant stakeholders.

CRITERION 3	CRITERION NAME:	Organizational Capacity and Experience	IMPORTANCE or WEIGHT:	Lower Importance

a. Instructions to Applicant:

The applicant should demonstrate how the applicant (and proposed partners or sub-awardees) is uniquely qualified to implement IHAP, based on its organizational capacity and experience. The applicant should describe its experience and institutional technical expertise in implementing HIV/AIDS projects similar to IHAP in terms of approach, magnitude, and complexity. The applicant should highlight lessons learned from this experience and how these would be applied to IHAP. The applicant should demonstrate its experience working

with multiple stakeholders at multiple levels of the GDRC. The applicant should demonstrate a successful record of implementing projects in the DRC. The applicant should provide relevant information on the applicant's ability to attract and retain high-quality Key Personnel for the duration of its programs. The applicant should also demonstrate its experience working with U.S. Government projects and complying with financial regulations.

b. Selection Criteria:

In assessing this factor, the Selection Committee will consider:

a) Extent to which the experience of the applicant and proposed sub-recipients will ensure the achievement of the objectives and expected results; and
b) The extent to which the applicant's organizational capacity will contribute to the achievement of objectives and expected results.

B. *Cost Evaluation*

The cost application of the apparently successful applicant(s) will be evaluated by the Agreement Officer for completeness, realism, reasonability, and allocability.

While Cost is less important than technical and is not weighted, however, the cost applications of the apparently successful technical applications will be evaluated for cost effectiveness including the level of proposed cost share. Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application. In addition, the organization must demonstrate adequate financial management capability, to be measured for a responsibility determination.

The application with the lowest estimated cost may not be selected if award to a higher priced technical application offers a greater overall benefit for the program. All evaluation factors other than cost or price, when combined, are significantly more important than cost. However, estimated cost is an important factor and the estimated cost to the Government increases in importance as competing applications approach equivalence and may become the deciding factor when technical applications are approximately equivalent in merit.

Cost estimates will be analyzed as part of the application evaluation process. Proposed costs may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

Cost Sharing

USAID has established a suggested cost share of five (5) percent and Awards' projected value of $70,000,000.00 to up to two recipients. Leveraged non-USAID resource from private firms and institutions (such as equipment, training, level of effort and any in-kind contributions) may be considered part of cost share. Cost sharing may be also demonstrated either through direct funding, beneficiary contributions, in-kind assistance, or a combination thereof. USAID shall make the final determination and assess whether or not the Applicants cost share contribution meet the standards set in 2 CFR 200 (e.g. categories of items).

As part of the analysis of the applicant's proposed budget, the AO must review the applicant's proposed cost share contributions for cost realism. The AO must verify that the proposed contributions meet the standards set in 2 CFR 200.306 for U.S. organizations or the Standard Provision "Cost Share" for non-U.S. organizations.

USAID does not apply its source and nationality requirements or the restricted goods provision established in the Standard Provision "USAID Eligibility Rules for Commodities and Services" to cost share contributions.

In the award budget, cost share must be expressed as a dollar figure rather than a percentage to assist in monitoring the amount.
Cost sharing applies throughout the life of an agreement, and the AOR must monitor the recipient's financial reports to ensure that the recipient is making progress toward meeting the required cost share. If it appears that the recipient is not making adequate progress, the AOR must bring this to the attention of the AO. The AO then must initiate discussions with the recipient to resolve the issue. The AO has the authority to reduce the amount of USAID incremental funding in the following funding period or to reduce the amount of the agreement by the difference between the expended amount and what the recipient agreed to provide. If the award has expired or been terminated, the AO may request the recipient to refund the difference to USAID.

In-kind contributions are allowable as cost share in accordance with 2 CFR 200.306 for U.S. organizations and in accordance with the Standard Provision, "Cost Share" for non-U.S. organizations. This includes things such as volunteer time; valuation of donated supplies, equipment, and other property; and use of unrecovered indirect costs.

3. Anticipated Announcement and Federal Award Dates

This section is provided with the intent to provide applicants with the following (based on planning purposes **only**):

The anticipated award announcement date for the awards resulting from this notice of opportunity is by December 1, 2016; with an estimated award date on January 17, 2017.

(**END OF SECTION E**)

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

Successful applicant(s) will receive a notice of award signed by the AO as the authorizing document. USAID will provide the same electronically.

Award of the agreement contemplated by this NOFO cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures.

While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award.

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds.

No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

2. Administrative & National Policy Requirements

The following section identifies how the award will be administered, including the applicable provisions:

Award to U.S. organizations will be administered using 2 CFR 700, 2 CFR 200, and the governing Standard Provision is covered by ADS 303maa, Standard Provisions for U.S. Non-governmental Organizations are applicable, and found via the following link:
https://www.usaid.gov/ads/policy/300/303maa

For non-U.S. organizations, the prevailing Standard Provision consists of ADS 303mab, Standard Provisions for Non-U.S. Non-governmental Organizations:
https://www.usaid.gov/ads/policy/300/303mab

The electronic copies of the 2 CFR 200 and 2 CFR 700, respectively, are accessible via the following links:

For 2 CFR 200: http://www.ecfr.gov/cgi-bin/text-idx?SID=1b472774f0a1e84d725c7ca14618e8ac&node=pt2.1.200&rgn=div5

For 2 CFR 700: http://www.ecfr.gov/cgi-bin/text-idx?SID=a83ef9a1a60aaef148a60c99d6ef2dbc&mc=true&node=pt2.1.700&rgn=div5

The applicable standard provisions will be attached to the final award document.

3. Reporting Requirements.

Pursuant to 2 CFR 200.327 "Unless otherwise approved by OMB, the Federal awarding agency may solicit only the standard, OMB-approved government-wide data elements for collection of financial information (at time of publication the Federal Financial Report or such future collections as may be approved by OMB and listed on the OMB Web site). This information must be collected with the frequency required by the terms and conditions of the Federal award, but no less frequently than annually nor more frequently than quarterly except in unusual circumstances, for example where more frequent reporting is necessary for the effective monitoring of the Federal award or could significantly affect program outcomes, and preferably in coordination with performance reporting."

Financial Reporting:

Financial reports will be due on a quarterly basis and will include budget versus the actual expenditures, along with a brief analysis of any variance. Reporting periods will coincide with the USAID/DRC fiscal year quarters, with reports due no later than forty five (45) days after the end of, each quarter, that is, February 15th , May 15th , August 15th and November 15th.

a. The recipient(s) must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov). The recipient(s) must submit a copy of the Federal Financial Report (FFR) SF-425 at the same time to the Agreement Officer (AO) and the Agreement Officer's Representative (AOR). Financial Reports shall be in keeping with 2 CFR 200.327. The Recipient(s) must also submit an electronic copy of the quarterly and final reports to the Controller, USAID/DRC/OFM, at Kinshasaofm@usaid.gov.

b. The recipient(s) must also submit an electronic copy of all final financial reports to USAID/Washington, M/CFO/CMPLOC Unit, Agreement Officer, and the AOR. The recipient(s) must submit an electronic version of the final Federal Financial Report (SF-425) to U.S. Department of Health and Human Services in accordance with paragraph (a) above. (Such the reporting requirements serve in liquidating payments).

   The SF 425 form and instructions are available on the Grants Management Forms page of the Office of Management and Budget's website at http://whitehouse.gov/omb/grants_forms

Performance Reporting:

The successful Applicant will use the standard form Performance Progress Report (SF-PPR) to report performance progress for the program under the award when the program exceeds $100,000 or more per project/grant period.

The Performance Progress Report (SF-PPR) is a standard, government-wide performance progress reporting format used by Federal agencies to collect performance information from recipients of Federal funds awarded under all Federal programs that exceed $100,000 or more per project/grant period, excluding those that support research.

Development Experience Clearinghouse Requirements:

Additionally, the AO must advise the DO Team to use ADS 540 for detailed guidance on the submission of copies of reports and other information to USAID's Development Experience Clearinghouse (DEC), when drafting the reporting requirements.]

Development experience is the cumulative knowledge derived from the planning, design, implementation, evaluation, and results of international development assistance programs. The repository for USAID's cumulative knowledge is the Development Experience Clearinghouse (DEC), the largest online resource of USAID-funded technical and programmatic materials.

The products of development activities include many types of materials: text, images, video, audio, maps, charts, and raw data. All of these products, except structured data or datasets (CSV, JSON, XML, etc.), must be submitted for inclusion in the DEC database. Raw data created or obtained with USAID funding must be submitted to the Development Data Library (DDL) in compliance with ADS 579, USAID Development Data. ADS Chapter 540 only covers the submission of information products to the DEC.

Materials must be submitted through the public-facing and searchable DEC Web site or through the U.S. Postal Service delivery to the following address:

USAID Development Experience Clearinghouse
M/CIO/ITSD/KM
Ronald Reagan Building M. 01
U.S. Agency for International Development
Washington, DC 20523

Development experience materials may be submitted
● Online (DEC Submissions): https://dec.usaid.gov/dec/content/submit.aspx

● By mail (for pouch delivery) to:

USAID Development Experience Clearinghouse
M/CIO/ITSD/KM/DEC
RRB M.01-010
Washington, DC 20523-6100

*Note: Mail sent to USAID via the US Postal Service undergoes security and irradiation processing. To send sensitive items, like CDs or DVDs, please contact the DEC team at ksc@usaid.gov to arrange delivery.

For questions on DEC submissions, contact:
M/CIO/ITSD/KM/DEC
Telephone: +1 202-712-0579
Email: ksc@usaid.gov

4. Program Income

No program income is anticipated to be generated under the award(s) at this point. However, if program income generates during the implementation of the program, the AO reserves his/her rights in determining exactly how that income will be treated and considered under the award, in line with 2 CFR 200.307. Otherwise, the following will be observed:

For U.S. Organizations, the following paragraph (e) (1) of the 2 CFR 200.307 must apply:

> "(1) **Deduction**. Ordinarily program income must be deducted from total allowable costs to determine the net allowable costs. Program income must be used for current costs unless the Federal awarding agency authorizes otherwise. Program income that the non-Federal entity did not anticipate at the time of the Federal award must be used to reduce the Federal award and non-Federal entity contributions rather than to increase the funds committed to the project."

For non-U.S. organizations, see the **Provision** named "Program Income."

5. Branding Strategy & Marking Plan:

It is a Federal statutory and regulatory requirement (see Section 641, Foreign Assistance Act of 1961 as amended and 2 CFR 700.16) that all overseas programs, projects, activities, public communications, and commodities that USAID partially or fully funds under an assistance award or sub-award must be appropriately marked with the USAID identity. Under 2 CFR 700.16, USAID requires the submission of a Branding Strategy and a Marking Plan by the "apparently successful applicant." The apparently successful applicant's proposed Marking Plan may include a request for approval of one or more exceptions to the marking requirements in 2 CFR 700.16.

The apparently successful applicant will develop a Branding Strategy and Marking Plan (BS&MP), to ensure the program and publicity materials clearly communicate that assistance from the U.S. Government is made possible by the generous support of the American people. Successful recipients will agree to follow the branding strategy and marking policies established for assistance awards under ADS Chapter 320. The details of these policies and the official USAID Graphic Standards Manual, which includes guidelines on proper logo use and positioning, verbal branding and attribution, and cobranding with implementing partner logos can be found on the USAID website at w ww.usaid.gov/branding. Adhering to these guidelines in the ADS and the Graphic Standards Manual are compulsory for all USAID funded program and communications materials.

USAID will notify the apparently successful applicant for the draft BS&MP. The approved BS&MP will be attached with the award.

If the Administrator has provided a written determination for use of an additional or substitute logo or seal and tagline representing a presidential initiative or other high level interagency federal initiative, identify the alternate branding and marking standards to be used in the award see **2 CFR 700.16** or, for non-U.S. organizations, see the provision entitled "Marking and Public Communications Under USAID-Funded Assistance."

The AO reviews and approves the apparently successful applicant's Branding Strategy and Marking Plan (including any requests for exceptions), consistent with the provisions "Branding Strategy," "Marking Plan," contained in the Certifications, Assurances, Other Statement of the Recipient and Solicitation Standard Provisions, and "Marking and Public Communications Under USAID-funded Assistance" contained in ADS 303maa, Standard Provisions for U.S. Nongovernmental Recipients and ADS 303mab, Standard Provisions for Non-U.S. Nongovernmental Organizations, 2 CFR 700.16, and ADS 320, Branding and Marking.

In contrast to "exceptions" to marking requirements, waivers to these requirements based on circumstances in the host country must be approved by the cognizant Mission Director or other USAID principal officer [see 2 CFR 700.16(5)].

Any questions about the applicability of either the Standard Provisions or 2 CFR 700.16 may be directed to General Counsel/Acquisition & Assistance (GC/A&A), or USAID's Senior Advisor on Brand Management.

6. Environmental Compliance

The following details how the USAID will ensure environmental soundness and compliance in design and implementation in accordance with the **22 CFR 216**'s determination:

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

b) Recipient(s)'s environmental compliance obligations under these regulations and procedures are specified in the following paragraphs:

- No activity funded under an 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."

- In addition, the Recipient(s) 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.

- If USAID determined under the Initial Environmental Examination (IEE) that **Negative Determination with conditions** applies to one or more of the proposed activities, this indicates that if these are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The Recipient(s) shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this Agreement.

- As part of its initial Work Plan, and all Annual Work Plans thereafter, the implementing partner in collaboration with the USAID Agreement Officer's Representative (AOR) and Mission Environmental Officer (MEO) or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities to determine if they are within the scope of the approved Regulation 216 environmental documentation.

- If the Recipient(s) plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

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

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

- Integrate a completed EMMP or M&M Plan into subsequent Annual Work Plans into the initial work plan.

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

(**END OF SECTION F**)

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

Same as the contact information provided in proposal submission instruction, names and addresses of point of contacts for this NOFO follow:

1. Agreement Officer for the Award(s) resulting from this NOFO:
Patrick J. Kollars, Supervisory Agreement Officer
Office of Acquisition and Assistance (OAA)
USAID/Democratic Republic of the Congo
E-mail Address: pkollars@usaid.gov

2. Point of Contact for Questions while the NOFO is open:
Ony Razafindratovo, Senior Acquisition and Assistance Specialist
Email: orazafindratovo@usaid.gov with a copy to: pkollars@usaid.gov

(**END OF SECTION G**)

SECTION H: OTHER INFORMATION

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

(END OF SECTION H)

SECTION I: STANDARD PROVISIONS

- To be included only at the time of the award, pending the type of successful applicant organizations (i.e. U.S.-NGO or Non-U.S. NGO) -

Links:

Standard Provisions for Non-U.S. Nongovernmental Organizations: https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf

Standard Provision for U.S. Nongovernmental Organizations: https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf

SECTION J: ATTACHMENT

Attachment 1: Past Performance Information (*see in the next page*)

Attachment 2: Uniform Excel Sheet Budget Format (*see as per attached*)

Past Performance Information (PPI)

(To be completed by the applicant)

1.	**Award Number:**
2.	**Contractor/Recipient (Name and Address):**
3.	**Type of Award:**
4.	**Complexity of Work: Difficult _____ Routine _____**
5.	**Description, location, and relevancy of work:**
6.	**Dollar Value of Work : _____** **_____ Status: Active** **_____Completed _____**
7.	**Date of Award: _____** **Award Completion Date (including extensions): _____**
8.	**Type and Extent of Subawards:**
9.	**Name, Address, Telephone Number, and E-mail Address of the Awarding Contracting/Agreement Officer and/or the Contracting/Agreement Officer's Representative (and other references as applicable):**