NOTICE OF FUNDING OPPORTUNITY

HEALTH SERVICES DELIVERY (HSD) ACTIVITY

USAID/SENEGAL

SAHEL REGIONAL OFFICE (SRO)

NOFO NO.: 72068519RFA00008

AUGUST 2019

Issue Date: **August 23, 2019**
Deadline for Questions: **September 05, 2019**
Closing Date: **September 24, 2019**
Closing Time: **17:30 Local Dakar, Senegal Time**

Subject: **Notice of Funding Opportunity Number: 72068519RFA00008**

Program Title: **Health Services Delivery (HSD) Activity**

Catalog of Federal Domestic Assistance (CFDA) Number: 98.001

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a cooperative agreement from qualified entities to implement the Health Services Delivery (HSD) program. Eligibility for this award is not restricted.

USAID intends to make two (2) awards (one each for Burkina Faso, and Republic of Niger) to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements and selection process.

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. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

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

Please send any questions to the point(s) of contact identified in Section 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,

Chadwick Mills

Chadwick Mills
Regional Agreement Officer

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SECTION A: PROGRAM DESCRIPTION

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

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

1. Executive summary

The countries of the Sahel are characterized by chronic food insecurity, poor health status, persistent poverty, poor governance, high population growth rates, and recurrent climate shocks, which together may drive vulnerable communities into crisis, conflict and violent extremism. USAID's regional Resilience in the Sahel Enhanced (RISE II) project addresses these intertwined challenges through strategic layering and sequencing of development and life-saving humanitarian assistance, in coordination with complementary efforts to reduce vulnerability to extremism.

Health is a central sector of resilience. Research sponsored by USAID on household resilience demonstrates that serious illness and death are among the most impactful shocks at the household level, causing human suffering and economic losses that keep families below the poverty line and magnify the impacts of droughts, floods, epidemics and conflicts. Functioning, accessible health services are central to household and community resilience. Similarly, research suggests that vulnerability to recruitment into violent extremist organizations (VEOs) is linked to perceptions of lack of government responsiveness to local needs and poor delivery of essential services. Despite the importance of health services, their delivery is woefully inadequate in the rural communities in Niger and Burkina Faso.

As part of the regional RISE II initiative, Health Services Delivery (HSD) must contribute to the RISE II transformative outcomes and the RISE II cross-cutting objectives, and apply the RISE II operational principles (described in Section 2 below). These outcomes, objectives, and principles operationalize the broader USAID priority of supporting countries and people on their journey to self-reliance. HSD Implementers must also engage with the broad suite of partners at the country level working on health related activities to seek synergistic impacts in the RISE II geographic zone.

Subject to the availability of funds, the USAID/Senegal Sahel Regional Office (SRO) expects to make two separate awards for a total amount of up to $89 million over five years for the purpose of implementing the HSD interventions in Niger and Burkina Faso. Total ceiling amount for the award in Niger will be up to $54 million of which $5 million is set aside for a crisis modifier that

allows the Implementer to undertake additional early actions or shock response in the event of a projected or current shock and/or public health emergency. The award in Burkina Faso will be for up to a total ceiling amount of $35 million of which $5 million is for a crisis modifier. The funding anticipated for these awards will come from a number of different USAID funding streams including population and reproductive health, nutrition, maternal and child health, water and sanitation, and possibly malaria.

2. USAID's approach to building resilience in the Sahel

USAID and the wider development community recognize that the pattern of repeated humanitarian crises over decades is partly because local populations lack the means to manage the risks they face and recover when a shock occurs. In addition, they are highly vulnerable to shocks because of poor health and nutrition status, extreme poverty, illiteracy, extended annual lean seasons, indebtedness, gender inequality, degraded natural resources, poor access to clean water, sanitation and health services, low agricultural productivity, and governance failures.

Shocks and stressors in the Sahel will become even more severe in the future. Climate projections indicate that rainfall will become more intense, unpredictable, and less frequent while average temperatures will increase, affecting the frequency and intensity of major droughts and floods in the Sahel and exacerbating the existing vulnerabilities in the region, including poor health status.[1] Added to this are increased conflict and instability, rapid population growth, and a young age structure, where approximately half of the populations in Burkina Faso and Niger are below the age of 15. [2] [3]

In response to these dynamics, USAID is working in the Sahel region to build resilience, defined as "the ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth." In short, resilience is the ability to manage adversity and change without compromising future well-being. As this suggests, resilience is a necessary condition— or set of capacities— for reducing and ultimately eliminating poverty, hunger, malnutrition, and humanitarian assistance needs in the complex risk environments in which USAID works and in which poor and chronically vulnerable people live.

The Resilience in the Sahel Enhanced (RISE) project was developed in 2012 to implement USAID's resilience programming in Niger and Burkina Faso. The second phase, RISE II, continues the same efforts, but with a refined approach. The RISE II goal is that: *Chronically vulnerable populations in Burkina Faso and Niger, supported by resilient systems, effectively manage shocks and stresses and pursue sustainable pathways out of poverty.*

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[1] Fifth Assessment Report, IPCC, 2014

[2] Niger DHS 2012/ Index Mundi

[3] Index Mundi/Burkina Faso DHS 2010

This goal statement reflects USAID's key priorities – that vulnerable populations and individuals need to be the actors in their own development, that supportive systems (including health systems) are essential to their success, that shocks and stressors are central contextual factors that must be explicitly addressed, and that our success will be measured by the extent to which these communities are able to sustainably progress to a higher level of well-being.

The RISE II goal is transformational, seeking to enhance individual, household, community, and institutional capacities to sustain and improve well-being in a dynamic environment of changing challenges and opportunities. RISE II seeks to contribute to absorptive, adaptive, and transformative resilience capacities and will measure the extent to which those capacities are enhanced over the life of RISE II. However, to enhance results, RISE II will provide extra attention to those aspects of the resilience capacities that have been shown by research and experience to be particularly crucial to sustained resilience in the face of shocks and stresses. Under RISE II, these aspects are termed transformative outcomes. All USAID activities should contribute to these outcomes:

- **Enhanced community leadership of local development**
- **Enhanced social capital, through strengthened ties of mutual assistance among people**
- **Enhanced capacity to learn and adapt among beneficiaries, local partners and partner governments**

RISE II has five objectives that together will contribute to achieving the goal and the transformative outcomes. While particular USAID implementing partners may have areas of technical focus under these objectives, all partners must contribute to Objectives 1, 4, and 5 because these include cross-cutting elements. The five objectives below are elaborated more fully in the RISE II results framework (annexed).

Objective 1: Enhance social and ecological risk management systems
Objective 2: Increase and sustain economic well-being
Objective 3: Improve health, family planning, and nutrition outcomes
Objective 4: Enhance governance of institutions and organizations
Objective 5: Enhance social, economic, and political agency of women and youth

In addition to contributing to the cross-cutting aspects of objectives 1, 4, and 5, the Health Services Delivery (HSD) activity is one of the core mechanisms to accomplish "Objective 3: Improve health, family planning, and nutrition outcomes."

To achieve its goal and objectives, RISE II has the following operational principles that must be applied by all partners:

- **Community-led development** – Through dialogue, support communities to develop and implement priority actions that address core challenges and opportunities

- **Systems strengthening** - Analyze and seek to strengthen formal and informal systems that build resilience and improve well-being
- **Inclusive targeting** - Support the poorest households by responding to their specific needs, enhancing their aspirations, and strengthening their ability to access resources and services to pursue pathways out of poverty
- **Collaboration for collective impact** - Seek active collaboration among RISE II implementers, host country governments, community leaders, the private sector, civil society, USG agencies and partners, international agencies, and donors to collectively benefit chronically vulnerable populations

HSD must apply the RISE II operational principles in its approach to achieving desired results.

USAID intends to implement RISE II in a targeted geography (a zone of influence) so that multiple partners implement complementary programs in the same areas and can program collaboratively. In Niger, the zone of influence encompasses the Tillaberi, Maradi and Zinder regions. In Burkina Faso, the zone of influence encompasses the Centre Nord, Sahel, and Est regions. As needed, it is expected that investments will need to be made at the central level to enhance policies as well as supporting implementation of these policies in the RISE II zone of influence. HSD activities will be designed to be flexible and allow adjustments to implementation modalities and/or geography in response to changing situations on the ground, U.S. Government priorities, resource availability, and other challenges or opportunities. Activities in Burkina Faso and in the Tillaberi region of Niger also support the goals of USAID's Sahel Development Partnership described below. Given the changing nature of the security situation, the exact zone of intervention will be determined in consultation with USAID.

Further details about the RISE II approach to the cross-cutting objectives can be found in the RISE II Technical Approach Working Paper. The RISE II Results Framework is included in Annex #I.

Sahel Development Partnership (SDP)

The Sahel Development Partnership (SDP) is a strategic, coordinated and holistic framework to support building resilience and countering violent extremism (CVE) in the Sahel. It is the first explicit effort of its kind to program intentionally at the nexus of countering violent extremism and resilience. SDP seeks to address the grievances that are the main drivers of violent extremist recruitment in the Sahel, which often stem from development issues: poor governance, lack of economic opportunity, and perceived exclusion from the benefits and services provided or facilitated by governments in the region. SDP's goal is to reduce vulnerability to violent extremism in the Sahel through the following Development Objectives:

1. Legitimacy of violent extremist organizations and ideology weakened
2. Government legitimacy enhanced
3. Economic opportunities enhanced in targeted regions

HSD will support Objective 2 of SDP by strengthening delivery of health services, which should contribute to enhanced government legitimacy. It is anticipated that HSD will focus on implementing health activities within the context of resilience programming that addresses

chronic vulnerability and underlying poverty over the longer term in the "buffer" or "cool" areas of the SDP intervention area. The "buffer" area is conceived as a relatively low risk operating environment without the presence of hostile actors and where USAID and HSD staff have regular and direct access to HSD sites and stakeholders. HSD also includes a result targeted at enhancing access to health services in insecure areas - the "warm" areas of the SDP zone. USAID will work closely with HSD to determine the exact geographical areas of HSD programming in support of SDP. The Implementer will need to have a management system that allows for geographic changes in response to the context, the needs, and USAID's direction.

3. Health context of Burkina Faso and Niger

Improved health, family planning and nutrition outcomes are essential to reducing stressors, managing shocks and enabling chronically vulnerable populations to pursue sustainable pathways out of poverty. Current indicators in both Burkina Faso and Niger underscore serious health challenges. Both countries are among those with the highest fertility and lowest contraceptive prevalence rate (CPR) in the world. Unmet need for family planning in Burkina Faso is currently 24.5% of all women of reproductive age with a total fertility rate of 6 live births per woman. In Niger, the unmet need is 16% with a total fertility rate of 7.6, underlining the need to work on both supply and demand side interventions. High rates of population growth place additional strain on households in an increasingly fragile environment. Social norms favor large family size and encourage early marriage; in Burkina Faso, the average age at first marriage for women ages 25-29 is 17.8 years[4] and in Niger is 15.7 years[5]. Maternal mortality ratios in both countries remain unacceptably high at 341 per 100,000 live births in Burkina Faso and 535 per 100,000 live births in Niger. According to the Niger DHS 2012, only 17% of women give birth in a facility, while approximately 75% of women in rural areas give birth without any trained assistance. Direct causes of maternal deaths in both countries include hemorrhage, sepsis, uterine rupture, post-abortion complications, and pre-eclampsia and eclampsia, which are all indicative of poor access to quality maternity care.

The mortality rate of children under five years of age is an important indication of the health system's limited capacity to deliver quality services to the population. Both Burkina Faso and Niger have made some progress in reducing child mortality; however, rates are still high. In Burkina Faso, under-five mortality rates fell from 147 deaths per 1,000 live births in 2006 to 85 per 1,000 live births in 2016, a 42 percent decrease.[6] Similarly in Niger, the mortality rate fell from 161 deaths per 1,000 live births in 2006 to 91 per 1,000 live births in 2016, a 43 percent decrease.[7] Despite these reductions, children under five are still dying from preventable and treatable illnesses, and reductions are not equitable across the country. Leading causes of death

[4] BFDHS 2010

[5] Niger DHS 2012 (applicant is encouraged to review the latest 2017 DHS data)

[6] http://profiles.countdown2030.org/#/ds/BFA

[7] http://profiles.countdown2030.org/#/ds/NER

for children under five include malaria, diarrhea and pneumonia, with malnutrition as an underlying cause for up to 45% of these deaths. Newborn deaths in both countries represent about 30 percent of the overall under-five mortality rate in both countries.

Current care seeking and coverage of high impact interventions in these regions is low. For example, in the Centre-Nord region of Burkina Faso, 84.5 percent of women 15-49 reported experiencing at least one problem accessing health care, less than half of children under 5 with diarrhea received advice or treatment from a health facility.[8] Similarly, in the Maradi and Zinder regions, approximately three-quarters of women 15-49 reported at least one problem accessing health care and slightly more than half of children under 5 with diarrhea received advice or treatment from a health facility or provider.[9]

The percentage of children under 5 years of age classified as stunted, a measure of chronic undernutrition and poor health, is 27.3 percent in Burkina Faso[10] and 42.2 percent in Niger[11]. The percentage of children classified as wasted, a measure of acute undernutrition and poor health, is 7.6 percent in Burkina Faso[12] and 10.3 percent in Niger[13]. The percentage of mortality attributed to pneumonia in children under five years of age is estimated at 12 percent in Burkina Faso and 16 percent, while the percentage of mortality attributed to diarrhea is estimated at 16 percent in Burkina Faso and 26 percent in Niger[14].

Women and youth

The poor status of women and burgeoning youth population contributes to these health statistics. Burkina Faso ranks 22nd among 52 African countries on the African Development Bank's Gender Equality Scale. The Burkinabé government has passed policies and laws to counter gender discrimination. However, in practice, government law is often disregarded in favor of customary law, which discriminates against women in important realms such as property rights and household decision-making. As for decision-making power, 2010 data from the Burkinabé National Institute of Statistics and Demographics show that men primarily make decisions about women's health and important household purchases (75 percent and 79 percent of cases surveyed, respectively). Burkina Faso has the world's tenth youngest population. Half of all

[8] https://www.usaid.gov/sites/default/files/documents/1866/FFP-Burkina-Faso-Desk-Review-Oct2017.pdf

[9] https://www.usaid.gov/sites/default/files/documents/1866/FFP-Niger-Food-Security-Desk-Review-Oct2017.pdf

[10] SMART 2016

[11] SMART 2016

[12] SMART 2016

[13] Niger DHS 2012

[14] Liu et al. 2016. Global, regional, and national causes of under-5 mortality in 2000–15: an updated systematic analysis with implications for the Sustainable Development Goals. Lancet: Dec 17; 388(10063): 3027–3035.

people are under 15 years old, and only 20 percent are older than 35 years. A majority of teenage boys and girls are sexually active both inside and outside unions. In Burkina Faso, 23 percent of adolescent girls are malnourished, the highest rate of any age group, and 58 percent of adolescent girls have begun childbearing by 19 years of age. Adolescent pregnancy is associated with an increased risk of poor maternal and child health and is a significant driver of low birth weight and stunting in children

Niger ranks 45th out of 52 African countries on the African Development Bank's African Gender Equality Scale. Nigerien women are less educated, lack asset ownership, have low income levels, and have little decision-making authority compared to men. Only 12 percent of women reported participating in major decisions regarding their own health, household purchases, and decisions on when to visit relatives. The common practices of polygyny, 58 percent of households are polygynous, one of the highest rates in the Sahel, and early marriage, 62.9 percent of girls aged 15 to 19 years are married, divorced or widowed, contribute to reduced decision-making power of women and girls within households. Niger has the world's youngest population; almost seven out of ten Nigeriens are under 24 years of age. More than 1.5 million youth between 13 and 19 years of age are neither in school nor employed, and enrollment rates in secondary school are low for both sexes: males at 14.7 percent and females at 9.7 percent. According to the UNESCO Institute for Statistics (2015), the literacy rate for people ages 15 and above in Niger is 19 percent, which poses increased challenges in educating and training staff as well as transmitting messages to the targeted populations. Niger also has the highest rate of child marriage in the world; three in four girls marry before their 18th birthday. The average age for girls to marry is 15.7 years, and childbearing tends to follow soon thereafter. There is a direct relationship between early first pregnancy, increased risk of maternal mortality, and high rates of stunting. One out of four adolescent girls in a union report not wanting a child in the next two years, yet only 11 percent of those young girls are currently using any modern contraceptive method to prevent pregnancy.

Table 1 highlights several key indicators of health, nutrition and family planning at the national level and in some of the regions of intervention in Burkina Faso and Niger, where available. Applicants should refer to the FFP Food Security Desk Reviews for Burkina Faso and Niger for additional background information on the unique food security, health, nutrition and shocks situations, and development opportunities.

Table 1: Key Health, Nutrition and Family Planning Indicators by Region

Indicator	Source	Burkina Faso[1]		Niger[2]			
		Centre Nord	National	Maradi	Zinder	Tillaberi	National
Under 5 Child Mortality (per 1,000 live births)	DHS	116	129	166	160	168	127
Maternal Mortality Ratio (per 100,000 live births)	DHS	--	341	--	--	--	535
Children Classified as	DHS	24.7%	15.5%	19.0%	18.8%	15.6%	18.0%

Wasted (<-2SD WHZ)	SMART	6.3%	7.6%	12.9%	11.7%	9.3%	10.3%
Children Classified as *Stunted* (<-2SD HAZ)	DHS	28.7%	34.6%	53.5%	52.0%	38.1%	43.9%
	SMART	25.5%	27.3%	53.8%	50.1%	33.1%	42.2%
Total Fertility Rate	DHS	6.7	6.0	8.4	8.5	7.9	7.6
	PMA2020	--	5.7	--	--	--	6.5
Modern Contraceptive Prevalence Rate	DHS	9.3%	15.0%	6.9%	16.0%	11.7%	12.2%
	PMA2020	--	24.6%	--	--	--	15.9%
Unmet Need for Family Planning	DHS	22.5%	23.8%	11.8%	14.8%	16.9%	16.0%
	PMA2020	--	28.8%	--	--	--	17.6%

1. Burkina Faso data on mortality and anthropometry are from the Demographic and Health Survey (2010), anthropometry from the SMART Survey (2016), and data on family planning are from Performance Monitoring and Accountability (PMA 2020) in 2014-15 and 2016.
2. Niger data on mortality and anthropometry are from the Demographic and Health Survey (2012), anthropometry from the SMART Survey (2016), and data on family planning are from Performance Monitoring and Accountability (PMA 2020) in 2016 and 2017.

Key challenges in the health sector

Health systems in Burkina Faso and Niger struggle to deliver quality health services. The health system structures and landscapes vary by country but also face similar challenges within the RISE zones:

- **Limited access to quality health services:** Despite recent attempts to bring services closer to the populations through expansion of community health services, significant weaknesses affect service quality and health facilities show an uneven uptake of high-impact interventions to reduce maternal, newborn and child mortality, improve nutritional status, and increase modern contraceptive prevalence. Long distances between clients and qualified health personnel, lack of basic equipment, and stock-outs of essential medications impede access to services. In addition, many health facilities lack access to a safe, reliable, functional water source. Many of these challenges are linked to lack of adequate central government finance for health service delivery, particularly in the context of policies to provide free health care that create significant demand. Frequent mobility of healthcare workers also impedes access to quality health care. Issues with geographical access is another barrier to the utilization of health services for populations in the RISE II zones of Burkina Faso and Niger, and even where services are accessible, their use is low as the quality is poor or unresponsive to their needs. In Niger, lack of access to free health services creates a financial barrier as well.

- **Suboptimal engagement affects demand for health services:** In general, community oversight in the management and monitoring of health facilities and the health system is weak, and there is an inability to hold health systems and local governments accountable

for providing quality services. Effective, efficient, and transparent health sector management by local governments is also a challenge in the decentralized government structure. These factors have contributed to a lack of accountability in the overall implementation of health system reforms and the scale up of high-impact interventions.

- **Human resources challenges and inconsistencies in data collections:** Systemic weaknesses in human resource management, and information and data use contribute to the underperformance of health systems. Despite efforts to redistribute personnel, qualified health personnel are largely found in urban areas, near the capital cities of Burkina Faso and Niger. The geographic distribution of health providers does not target the areas of greatest need. Availability of timely, accurate, and targeted data for decision-making remains a challenge, although the roll out of The District Health Information System 2 (DHIS2) represents an opportunity to strengthen data collection and use data for decision-making.

- **Vulnerability to shocks:** In the Sahel, recurring stresses and shocks include shared shocks (such as droughts, floods, animal and crop pests and diseases, price and market shocks), household-specific shocks (sickness, death, divorce), and ongoing stressors (such as limited and erratic rainfall, low soil fertility, rapid population growth) that continuously undermine development gains despite ongoing development assistance. These shocks have both direct and indirect impacts on the health of the populations in the RISE II zones. High food prices, drought and flooding can lead to shortages in nutritious foods and clean water, which leads to poor nutrition outcomes. Drought also leads to increased air pollution and airborne illness exacerbating respiratory illnesses such as pneumonia. Increased flooding can exacerbate diarrheal and vector-borne diseases and limit access to health facilities and services. Changing climatic patterns can affect the geographic prevalence of vector borne diseases and contribute to -- or mitigate -- the risk of disease transmission and outbreaks.

- **Insecurity and Violent extremism:** Due to the global rise of violent extremism (VE) and VE spillover from the destabilization of Libya, Syria, and Iraq, violent extremist organizations (VEOs) and trafficked weapons have been infiltrating the most marginalized areas of the Sahel for decades, exploiting the lack of state presence and extremely long and porous borders. This spread of VE in the Sahel has exacerbated structural problems and vulnerabilities that were expressed or latent in the Sahelian landscape, thus rolling back any development gains due to rising insecurity and conflict. Further exacerbating this problem-set is the response of the host nations which is largely limited to military intervention. Heavy-handed counter-terrorism operations by state security forces have been a source of moral outrage driving many to seek vindication by joining VEOs. The military operations have also severely impacted local economies due to restrictions on motorcycle travel, strict curfews, and the closure of markets in some areas (ie. Tillaberi region of Niger). Insecurity also impacts the provision of services by affecting the willingness and ability of health providers to operate in areas actually (or perceived to be) unsafe. Insecurity may also reduce the ability of patients to travel to health clinics or to hospitals. Affected populations may also be experiencing psycho-social impacts related to conflict dynamics.

Burkina Faso

The Government of Burkina Faso (GoBF) has demonstrated remarkable commitment to preventing maternal and child deaths. In 2015, the Government made a commitment to universal health coverage for all. As part of the National Health Strategic Plan (2011-2020), the GoBF has identified four main goals: (1) improve access to services at the community level through primary health care; (2) build the capacity of health care workers to provide quality health care; (3) involve the communities in the management of their own health problems; and, (4) operationalize the community health care worker policy and platform.

As per national policy, in 2016, the government operationalized its UHC commitment by providing universal, free routine preventive, promotional, and curative services to pregnant and lactating women and to children under five years of age. The government has also committed to providing free access to family planning services. Most specifically UHC will be focused on getting health services to the last mile. To help improve health care access for the population of Burkina Faso, the Ministry of Health (MOH) adopted a policy to formalize the position of the *Agent Santé à Base Communautaire (ASBC)*, or community-based health workers. Under this new policy the ASBC receive a monthly stipend (CFA 20,000, approximately $34), have a formal job description, and are subject to specific hiring criteria. Through a health systems strengthening grant, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) is supporting the recent recruitment of 17,668 new ASBC, an average of two per village. The GFATM is paying one third of the stipend for three years, while the government is paying for two thirds and thereafter will fully fund. The role of the ASBC depends on the distance of their communities to the health center, or *Centre de Santé et de Promotion Sociale (CSPS)*, and the district hospital or *Centre Médical (CM)*, which are the lowest level health clinics that offer the minimum packet of preventive and treatment services. ASBC located within five kilometers of a CSPS or CM serve a health promotion function only. Those that are located more than five kilometers from a health center perform health promotion, prevention and agreed upon basic curative functions.

Despite these improvements, challenges remain. Policy changes in line with the new Ministry of Health transformational vision are expected to rapidly increase demand for primary care and family planning services, which the health system may struggle to plan for and accommodate over the period of the HSD award. The GoBF is working on the Investment Case for the Global Financing Facility (GFF), which will provide funding for family planning, maternal neonatal, child and adolescent health and nutrition. In the proposed zones of intervention, approximately 21 percent of health facilities lack a functioning source of safe water. The GoBF is also instituting a national program to provide free family planning services. The GoBF is in the process of validating a new community health strategy in line with lessons learnt from south to south visits from Rwanda and Ethiopia that will focus on getting services to the last mile and having communities taking charge of their own health. Once approved, the new community health strategy will focus on prevention and making primary health care the bedrock community health intervention supporting GoBF's vision of universal health coverage. The new community health strategy changes include (1) standing up health posts in each village, (2) transforming existing GASPA groups to club de Sante or Health clubs that will conduct multisectorial activities with an increased focus on community health insurance and (3) having three

community health workers in each village, the third being the "Agents itinérant de santé et d'Hygiène Communautaire/ Agents Adjoint de Sante communautaire".

It is also important to note that the GoBF has in place a new transformational vision focused on the paradigm of results-based management, modernization of operational processes, the establishment of five new technical secretariats that report directly to the Minister of Health, and the standing up of a "Results Delivery Unit" and a knowledge management and learning and adapting unit that will be focused on using evidence based approaches for decision making.

Niger

Niger's Health Development Plan 2017-2021 lays out its objective to contribute to the promotion of the social well-being of the population in order to achieve health-related sustainable development goals (SDGs). The plan aims to strengthen the supply and demand of quality care and services to the Nigerien population through several strategic areas: (1) the extension of health coverage; (2) the provision of qualified and motivated health personnel; (3) the permanent availability of medicines, vaccines, and related therapeutic integrated surveillance; (4) strengthening governance and ethics at all levels of the health system; and (5) development of financing mechanisms[15]. Niger has recently passed legislation on girls' education and adopted a new reproductive health policy; however, their implementation will likely be an ongoing challenge.

Each community in Niger is served by the lowest level of the health system, an integrated health center, *Centre de Santé Intégré,* (CSI) that is managed by a nurse. Communities that are between 10 and 15 kilometers from a CSI have a *Case de Santé* (CS) that is part of the formal health center and staffed by an *Agent Santé Communautaire* (ASC). The CSI also works with individuals who serve as the *relais communautaire.* The *relais* serve as point persons for community mobilization efforts and are not considered part of the formal health system. Despite concerted efforts by the government to provide health staff with financial incentives to work in rural areas, disparities in health worker staffing remain and the community health system functions with a great deal of variability, resulting in inequitable access to care[16]. Despite the comprehensive goals of the Nigerien Ministry of Health, access to health facilities remains difficult for populations in Tillaberi, Maradi and Zinder, resulting in low utilization of formal health structures. In the proposed zones of intervention, approximately 48 percent of health facilities lack a functioning source of safe water.

4. RISE II implementation approach to improve health, family planning and nutrition outcomes

[15] PMI Niger MOP

[16] WB report

The RISE II results framework includes four intermediate results (IRs) that together will help achieve "*Objective 3: Improve health, family planning, and nutrition outcomes*." These are:

IR 3.1 Strengthened health systems
IR 3.2 Increased supply of quality health, family planning and nutrition services
IR 3.3 Improved health, family planning, hygiene and nutritional practices
IR 3.4 Increased access to affordable, nutritious, safe foods

Achieving improved health, family planning and nutrition outcomes in Niger and Burkina Faso will require well coordinated actions of a number of partners and multiple complementary USAID investments. Most importantly, actions by the governments of Burkina Faso and Niger are the foundation for success. At the national level, the governments of Burkina Faso and Niger have put in place important health, family planning, food security, nutrition, agriculture, women and girls, and youth policies. They have identified key agencies to lead implementation and mobilized resources to accomplish their objectives. At the local level, some local governments are investing in health infrastructure and helping their communities to collectively improve their health and nutrition status. RISE II will only succeed if USAID investments support and build upon partner government efforts.

Under RISE II, USAID's investments for strengthened health systems (IR 3.1) will be closely aligned with other health sector efforts in malaria, infectious diseases, and emerging diseases. Some current investments in this area are listed in Section 12. USAID will continue to consult and analyze how it can best support strengthening the health systems of Burkina Faso and Niger in partnership with other bilateral and multilateral donors.

USAID's investments to increase access to affordable, nutritious, safe foods (IR 3.4) will be anchored by new Food for Peace (FFP) Development Food Security Activities (DFSAs) that aim to reduce poverty and enhance food security of the most vulnerable. These are briefly described below. Other activities currently under design may also contribute. HSD will not be expected to contribute to this IR.

USAID's approach to increase supply of quality health, family planning and nutrition services (IR 3.2) and improve health, family planning, hygiene and nutritional practices (IR 3.3) will require close collaboration among core areas of investment – the DFSAs, the Water Security and Resilience activity, the social and behavior change activities, and the HSD activity. Each of these is briefly described below. This is followed by discussion of how they will coordinate to collectively achieve the IRs.

Food for Peace (FFP) Development Food Security Activities (DFSAs)
DFSAs are activities aiming to reduce poverty and enhance food security of the most vulnerable. FFP has awarded one activity in Burkina Faso and three in Niger. DFSAs include a comprehensive package of interventions designed to improve the health status of targeted populations and break the intergenerational cycle of malnutrition. DFSAs will lead individual, household, and community engagement on social and behavior change.

Water Security and Resilience (WSR)/TerresEauVie : WSR aims to enhance sustainable access to clean water for human use, primarily household and facility drinking water, as well as water for livestock, agriculture, and other livelihoods. WSR will complete commune-level water security analyses together with local communities and government officials, and co-finance some of the infrastructure investments.

Breakthrough-ACTION and other social and behavior change (SBC) activities
USAID will harness cutting-edge SBC expertise through Breakthrough-ACTION and other specialized mechanisms. These activities will develop, pilot, test and scale up SBC approaches and tools in collaboration with other USAID partners and partner governments. They will help the government at national and local levels to design and implement SBC strategies and campaigns to promote high priority behaviors and other supportive behaviors.

Health Services Delivery (HSD)
HSD will help strengthen and improve the quality of health, family planning and nutrition services provided by local clinics and referral centers, with a focus on the public sector. It will also strengthen government systems of support and oversight for village health workers, community engagement in health service delivery accountability, and assist in developing linkages among health services and with other development sectors. HSD will work closely with the DFSA partners in the communes where they are present to ensure strong linkages between community level services and health facilities and support the health system to provide effective supervision and support to the community level. In communes where DFSA partners are not present, HSD will provide important community level support for health, family planning and nutrition, and can learn from and adapt successful models developed by the DFSA partners. The goal and expected results for HSD are outlined in the remainder of this Program Description.

Nodes of collaboration
USAID partners implementing these activities under RISE II are expected to work as a seamless team. Partners will need to work closely on development, refinement, and testing of SBC tools and approaches so they are locally-relevant, but also officially recognized and scaled up by government health and nutrition services. To do this they will need to develop a joint framework for SBC interventions that describes: (1) priority behaviors; (2) primary and secondary (influencer) audiences; (3) key messages; and, (4) preferred SBC approaches or channels of communication. The HSD and SBC activities will need to collaborate particularly closely on provider behavior change and monitoring and quality assurance of outreach activities. The development of the SBC framework will be led by Breakthrough-ACTION in close collaboration with the other partners. Because of the strong normative influences governing health-seeking behaviors among young people, Breakthrough-ACTION will assist with support to both client- and provider-side activities pertaining to unmarried and married youth. All partners will be expected to and held accountable for working together closely to better integrate health, family planning, and nutrition SBC into other sectors such as agriculture, water and sanitation, and livelihoods.

Another area for collaboration will be support to national community health strategies i.e. community health workers who are an important link between the community and the health clinics. DFSAs, HSD, SBC and all other USAID activities may need joint strategies to build

health worker capacities. In Burkina Faso, where community health workers are government employees, this will include strengthening support and oversight from health clinics and also supporting community health posts and members of health clubs/club de sante per their community health strategy and finally working with the local government to reinforce their capacity for oversight of community health activities as well as the creation of budget line items for health activities in local budgets. In Niger, though community health workers are not government employees, they require support and oversight from the government's health system. Community engagement in oversight of health services delivery is an area on which both DFSAs and HSD will engage.

Food for Peace partners (including UNICEF) will also need to work jointly with HSD to strengthen health clinic assessment and response capacity to nutrition deficiencies, through means including health clinic educational and diagnostic tools, staff technical capacity, and access to nutritional supplements.

HSD will need to work with WSR and the DFSAs to increase the access to clean water in health facilities. These activities will collaborate on assessing the needs and identifying which activities can meet that need. If, for example, WSR or a DFSA is rehabilitating or building a water system in a community with a health facility, it may be possible to expand water service to the health facility, allowing HSD to concentrate its limited resources on health facilities that require a stand-alone system.

Finally, in the SDP areas, HSD will collaborate with OTI, OFDA and other humanitarian actors. Further requirements for collaboration by HSD are described in Section 15. USAID expects to actively engage with all partners to encourage and facilitate collaboration.

5. Health Services Delivery goal and results

HSD will contribute directly to the overarching goals of RISE II by improving access to quality health services and strengthening ownership and management of health services by communities, in partnership with citizens, local government, and service providers. HSD seeks to build off of the successes of RISE I and incorporate key lessons learned to achieve greater impacts on health, family planning and nutrition outcomes and enhance the sustainability of institutions and interventions both at national and peripheral levels.

HSD goal: Increased utilization of quality health, family planning and nutrition services

In order to achieve this goal, HSD will address three critical results:

Result 1: Increased availability and accessibility of quality health services, including for youth
Result 2: Improved systems for quality of care in the delivery of health services
Result 3: Enhanced integration in delivery of health services
Result 4: Increased functional capacity of local organizations in the health sector

In its approach to achieving these results, HSD must contribute to the cross-cutting RISE II transformative outcomes:

- **Enhanced community leadership of local development**
- **Enhanced social capital, through strengthened ties of mutual assistance among people**
- **Enhanced capacity to learn and adapt among beneficiaries, local partners and partner governments**

HSD must also contribute to the RISE II cross-cutting objectives and results.

- **RISE II Obj 1, IR 1.3: Improved management of shocks, risks, and stresses**
- **RISE II Obj 4: Enhanced governance of institutions and organizations**
- **RISE II Obj 5: Enhanced social, economic, and political agency of women and youth**

Result 1: Increased availability and accessibility to quality services, including for youth
Populations in the zones of influence face many challenges to accessing quality services. By improving access to quality health care through traditional and non-traditional approaches to health programming, USAID will contribute to building the resilience of the populations in Burkina Faso and Niger. HSD will focus on addressing critical gaps in the continuum of healthcare that result in reduced access to needed MCH/FP and nutrition services, with emphasis on addressing the immediate and proximate barriers to delivering services. Existing barriers vary significantly within and between the regions, but include financial means, distance to a health service delivery point, seasonal challenges, such as flooding, and personal safety and security, particularly for women and girls. Moreover, perennial staff shortages, a lack of access to life-saving commodities, and lack of space in health facilities can often impede access to quality care. Recognizing that complex gender norms and socio-cultural beliefs often serve as another barrier to accessing care, HSD is expected to work closely with the Ministry of Health (MOH), the RISE II social and behavior change partners, Food for Peace implementing partners and other USAID health partners to address this challenge. To be successful, HSD will need to achieve the following sub-results:

Sub-Result 1.1: Increased availability of quality, high impact facility (all areas of intervention) and community based health services (in non FFP areas)
HSD will develop approaches to address the persistent service delivery gaps identified based on country and regionally-specific contexts. To date, FFP development partners have played a large role in expanding access to health care at the community-level, largely focused on WASH and nutrition, with some health interventions; see FFP Food Security Desk Reviews for a more complete description of activities to date. HSD will build on the results achieved under RISE I by expanding access to high-impact MCH/FP and nutrition services, build on existing efforts and strengthen the existing health system, where applicable. HSD will work closely with the Ministries of Health in Burkina Faso and Niger, engaging the public health system at the community, sub-regional, regional and national levels to support and strengthen the capacity of the MOH to manage and provide services to their populations. HSD should pay special attention to reducing geographic, economic, age, education, religious, ethnic, political, and gender-related barriers to care.

The RISE II platform consists of several partners working with the communities and the local governments at the commune-level to build resilience. Collaboration across the portfolio to maximize and leverage resources is paramount. HSD will work closely with other partners, especially FFP development partners at the community-level, to ensure that access to high-impact, evidence-based practices is improved.

Illustrative Outcomes for sub-result 1.1:

- Women receive integrated antenatal, delivery, and postnatal care services, (screening and diagnosis of infectious and non-infectious diseases, including malnutrition and micronutrient supplementation, breastfeeding and infant and young child feeding counselling, antenatal and postpartum family planning counseling, intermittent preventive therapy (IPT) and long-lasting insecticide treated bed nets (LLIN) against malaria, newborn care, etc.).
- Children under five as well as newborn babies receive a full range of nutrition and illness prevention and treatment services (focus on institutionalizing and strengthening immunization, integrated community case management (ICCM) and integrated management of neonatal and child illness (IMNCI)).
- Unmet need for family planning is reduced by improving access to the full range of contraceptive methods, including long-acting methods, at a full range of service delivery points - including through community-based distribution
- Health care providers demonstrate improved client-provider communication and respectful maternity care.
- Communities demonstrate improved capacity to provide continuity of services despite experiencing shocks.
- Health providers at all levels implement gender based violence prevention and response interventions.
- Local health system capacity to provide high impact interventions increased.

Sub-Result 1.2: Socio-cultural and structural barriers to uptake of services decreased

Adoption of health-seeking behaviors, including utilization of available health services and uptake of key healthy behaviors at the individual and household level depends upon individuals recognizing their health needs and being empowered to demand quality services. This can be hindered by social and cultural barriers like apathy, stigma, and discrimination related to disease or client identity (e.g. adolescents, gender-based violence (GBV) survivors).

This activity must systematically approach and target populations, taking advantage of drivers in the adoption of healthy behaviors, while addressing barriers to update. HSD will work closely with Breakthrough Action to identify and address behavioral factors, especially priority behaviors and gateway behaviors that can catalyze and impact multiple health outcomes. Additionally, this activity will address the factors that lead to delays in seeking care, such as lack of transportation networks or lack of financial resources.

Illustrative Outcomes for sub-result 1.2:

- Increased awareness of health seeking behaviors and commitment to addressing high priority health risks at the individual, provider and community levels.

- Domestic financial and in-kind resources mobilized, including local tax revenue, appropriate fee for service, community "mutuelles," and charitable contributions (e.g. "Zakat").
- Reduced delays in seeking appropriate care.
- Socio-cultural and structural barriers appropriately addressed.

Sub-Result 2: Improved systems for quality of care in the delivery of health services

To improve health outcomes, health care must be safe, effective, timely, efficient, equitable and people-centered.[17] Addressing structural quality as a foundation for process quality and health outcomes is a necessary but insufficient early step to ensure that quality translates into meaningful outcomes. In the RISE II zones, key barriers to quality services include inadequately trained health care workers, limited institutionalization of evidence-based guidelines, a shortage of frontline healthcare workers in rural areas, lack of essential equipment and commodities, lack of access to safe and reliable clean water and sanitation infrastructure at health facilities, inadequate information systems, and insufficient supervision and weak communication skills of health services providers with patients. While there may be sufficient quality to address preventive care and simple health problems, the existing quality in the system is often insufficient to address more complicated health problems. As an example, many health and nutrition emergencies, and conditions requiring prolonged, or continuity of care, lack the requisite quality, especially when the system is experiencing additional stresses and shocks. HSD will emphasize improving the quality health care, improving patients' perceived experiences with the health care system.[18] Critical stresses and shocks working at the more individual level but influencing experience of care include family death, medical emergencies, and overwhelming out-of-pocket expenses. Specific attention should be placed on improving the quality of services for both married and unmarried youth by adapting global and national quality of care guidelines for adolescents to the local context.[19]

Quality of care is a priority of both the Governments of Burkina Faso and Niger, and HSD will support existing government approaches to improve the quality of care. Specifically in Burkina Faso, HSD will support the GoBF initiative aiming to provide free healthcare for pregnant/lactating women and children under five, and family planning for all. Recognizing that ongoing efforts to improve quality exist in the RISE II zones and that resources are limited, Applicants are expected to propose cost efficient focused and targeted approaches to improving the quality of services. These approaches should not only leverage existing efforts, but add additional value through the application of a resilience perspective in their design.

In addition to capacity building, HSD is expected to establish clear benchmarks for quality performance or follow already set quality performance benchmarks in line with current country

[17] http://www.who.int/maternal_child_adolescent/topics/quality-of-care/definition/en/

[18] WHO quality of care framework

[19] Quality services for adolescents
http://apps.who.int/iris/bitstream/10665/184035/1/WHO_FWC_MCA_15.06_eng.pdf?ua=1

guidance. In line with RISE II efforts to engage communities, HSD will where appropriate and possible engage non-health actors in the performance management of the delivery of healthcare services. Quality improvement processes should be aligned with national policies and guidelines. HSD will adapt to the local context and address the major barriers to quality of care. Approaches should also provide strategies to build health care workers' ability to maintain quality of care during shocks, while minimizing disruption of services.

Quality services cannot be provided without reliable access to clean, safe water and functioning sanitation infrastructure at the health facility level. HSD will lead a multi-pronged approach that is aligned with the forthcoming World Health Organization resolution on "Water, sanitation and hygiene in health care facilities." HSD, in partnership with the Water Security and Resilience Activity, will take the following steps: 1) support comprehensive enumeration of availability, quality and needs for safe water, sanitation, and hygiene (WASH) in health care facilities in the RISE zone, 2) support development of a road map to address these needs, 3) support development and validation of minimum national WASH standards and monitoring systems on progress in addressing WASH in health facilities. HSD will support the roll out of those national standards and monitoring systems in the RISE zone.

USAID will coordinate among its three main WASH implementation modalities, the DFSAs, WSR, and HSD, to determine on a site-by-site basis how to address priority needs in given health facilities. This process will be informed by engagement with commune governments that includes assessing and prioritizing health facilities for access to water services. USAID will prioritize investments where the Ministry of Health, local government, and communities see the highest need and are prepared to cost share in the construction and management of the infrastructure.

Illustrative Outcomes:

- Improved health worker capacity for management and technical competency of high quality MCH/FP and nutrition practices at facility, district, and region.
- Increased availability of adequately skilled health care providers in facilities and communities.
- Community and government contribute to the rehabilitation, operations and maintenance of health infrastructure to reach the norms that ensure quality of MCH/FP and nutrition services.
- Use of locally derived data to problem solve and apply adaptive learning principles in multidisciplinary teams.
- Quality improvement/assurance processes are utilized.
- Supervision systems strengthened across the spectrum of MCH/FP and nutrition interventions.
- Life-saving commodities and basic medicines consistently reach the last mile.
- Increased access to improved water sources and sanitation at clinics.
- Youth are reached through quality service delivery approaches in line with national and global approaches.

Sub-Result 2.1: Increased engagement by communities in delivery of health services

Ownership and effective governance of institutions and organizations is a key cross-cutting component of RISE II, affecting the delivery of services, access to resources, and coordination of activities that promote progress in the health sector and other social services. Strengthening governance is essential to the sustainability of these development outcomes and to achieving the RISE II vision of enhanced community leadership of local development. Moreover, community-led development is a core principle of the RISE II approach. Through community engagement and dialogue, women, youth and men can explore their collective challenges and opportunities, identify and implement actions, evaluate their effectiveness and iteratively adapt their approach.

Building off of the work implemented under RISE I, HSD will strengthen local governance structures to support improvement of health facility performance and to help generate and prioritize resources for the management and care of the health facilities. HSD will support communities to develop and implement priority health, family planning and nutrition interventions which address their core challenges and opportunities. Dialogue with local governments, community leaders and healthcare workers is critical to collectively identify accepted approaches to building resilient health systems which are prepared for potential shocks. Special efforts will be made to include women and youth in the management and ownership approaches. These approaches must be closely coordinated with the community-led interventions of the FFP partners, with governance partners of RISE II, and in line with the respective government's community health strategies. Efforts should build on existing community structures, where possible. Additionally, these activities must be in line with the Governments of Burkina Faso's and Niger's national policies for improving governance and accountability within the health sector. Moreover, HSD will work with the agriculture, food security and governance partners to identify non-traditional platforms to integrate health and nutrition interventions, where appropriate.

Illustrative Outcomes:

- Local resources are mobilized to improve the quality of services delivered at the health facilities (purchase and maintenance of equipment, improved access to water, incentives for health workers, cleanliness of facilities and appropriate staffing).
- Communities prioritize investments in facilities based on a locally-owned process.
- Locally-developed accountability frameworks are used to improve performance of health facilities.
- Women and youth actively participate in community-led health and development committees.
- Risk management approaches are used to collectively identify stresses and potential shocks, and come to agreement on actions to mitigate, prepare for, and respond to, shocks.

Result 3: Enhanced integration in delivery of health services

The integrated nature of the RISE II platform presents strategic opportunities to integrate maternal child health/ family planning (MCH/FP) and nutrition services through "smart" integration – strategic and cost-effective approaches that maximize opportunities for impact that are in line with host country strategies. Opportunities for smart integration include, but are not limited to: antenatal visits; delivery; postpartum visits; family planning services; malaria in pregnancy services; nutrition services; and well child/immunization services. In addition to

integrating activities within the health sector, HSD will enhance integration of health activities into other sectors. For example, uptake of health-enhancing behaviors will be magnified if they are linked to income generating livelihoods, home production of healthy foods, and informal social safety nets. Finally, HSD will strengthen community engagement with delivery of health services, enhancing accountability of service providers to deliver services, and of communities to support their health clinics. In all these efforts HSD will need to collaborate closely with FFP and SBC partners. In order to be successful, HSD will need to achieve the following sub-results:

Sub-Result 3.1: Strengthened linkages between community and facility health platforms
Under RISE I, FFP development partners worked closely with community health workers, mothers groups, husbands and other community actors, to implement a range of health-related behavior change activities, largely focused on improving nutrition outcomes and water and sanitation-related behaviors. Across the RISE I zones, all of these community partners were trained to screen for acute malnutrition and refer cases of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) to facilities. In a smaller subset of communities, the FFP development partners worked on strengthening the community-based platform for the prevention and treatment of childhood illness. Findings from a mid-term evaluation of RISE I suggest these interventions were very successful at intervening at the community-level; however, the linkages between the community and the health facility platforms could be improved. Without a strong referral system, communities do not have access to the life-saving care they need.

Under RISE II, FFP development partners will again lead the implementation of community-level health interventions in the communes where they are operational. HSD needs to work closely with FFP development partners and governments to ensure that the community-level interventions both comply with the national policies and help to reinforce the capacity strengthening of the community health system in Burkina Faso and Niger. In Niger, HSD should focus on the Case de Santé level and the CSI I and II levels to strengthen supervision and improve referral systems, working with both *Agents de Santé Communautaire* and *Relais Communautaire*. In Burkina Faso, HSD should work with the government-supported community health workers, including health posts as well as other key groups, such as health clubs/clubs de sante who are working at the community level and also work to strengthen supervision conducted by the CSPS.

HSD will work with FFP development partners in both countries to identify locally-owned solutions for improving the community-to-facility linkages in health. Additionally, HSD will explore effective ways of integrating the delivery of health care services and advancing recent efforts to implement task-sharing policies by both the Governments of Burkina Faso and Niger. Examples should include comprehensive integration of family planning counseling and services at nutrition-focused service delivery sites and/or the integration of family planning into routine immunization services, where it makes sense given the country context and in line with host country policies, as well as MCH services and other health education opportunities. HSD will also consider approaches to ensure life-saving commodities consistently reach the last mile, even when faced with shocks by working closely with USAID partners working in supply chain as well as other key donors and partners. HSD will develop clear systems to reflect and ensure the integration of health service delivery for quality monitoring and oversight. The systems will include working in a coordinated and efficient manner with other non-RISE USAID funded

partners who are working in Supply chain in providing capacity building to health care workers to manage stocks of essential commodities, including family planning commodities, which will be linked to national-level efforts to improve the availability of commodities.

Illustrative Outcomes:

- Community health workers supervised according to national standards and guidelines.
- Communities have an established transportation system for emergencies.
- Communities are engaged in the assessment of local health service delivery points and facilities through an established accountability system.
- Strengthened referral network and linkages from community to facilities.
- Management of acute malnutrition is integrated into MCH/FP and immunization facility-based platforms.
- Linkages with community-based surveillance programs strengthened.

Sub-Result 3.2: Strengthened linkages between the health sector (MCH, FP, and nutrition) and other development sectors

Cross-sectoral activities acknowledge and address the complex connections between families, their health, their livelihoods, their environment and their well-being. Cross-sectoral approaches simultaneously aim to improve access to health commodities and services, and enhance livelihoods, income, and systems of social support. HSD will systematically pursue collaboration between partners possessing complementary strengths and mandates to identify interventions that are mutually reinforcing. Examples include pairing hygiene interventions with provision of clean water, or working with community savings groups to develop "mutuelles" or other systems to assist households to pay for emergency medical care.

Other linkages may include environmental conservation and natural resource management, livelihoods, food production, water resource management, democracy, and governance. HSD should explore opportunities to leverage and/or utilize other service delivery channels, such as agricultural extension, and water and natural resources management, and other platforms, for example livestock days, and farmer days, to provide services and engage community-based groups and community leaders to adopt and support key health behaviors.

Furthermore, according to the World Health Organization, over 35% of women globally will face sexual and/or intimate partner violence in their lifetime. In humanitarian crises, levels of these and other forms of violence based on gender inequality (GBV for gender-based violence) grows more acute. Armed actors, displacement, broken social and protective networks and lack of services create an environment where women are at acute risk. This violence has serious short- and long-term consequences on women's physical, sexual and reproductive and mental health as well as on their personal and social well-being. HSD will take these issues into consideration, programming for health consequences of violence against women.

HSD will collaborate with DFSA Implementing Partners and with Breakthrough-ACTION to support the integration of MCH/FP and nutrition services with multiple development sectors. Because DFSAs are integrated development activities, they will generally take the lead in their communities, requesting assistance from HSD. As elsewhere in the RISE II portfolio, Breakthrough-ACTION will provide technical guidance and assistance to both the DFSAs and

HSD for design of SBC activities that cross-cut multiple development sectors. In locations without a DFSA, HSD will take the lead to identify opportunities for integration, starting with other RISE II activities working on governance, natural resource management, markets, and livelihoods, and extending as appropriate to other USAID funded and non-USAID funded programs.

Illustrative Outcomes:

- Opportunities identified and exploited to integrate health services and behavior change activities into agriculture, livestock, environment, livelihoods, and microfinance related activities.
- Women and youth are engaged as leaders in natural resource management, (e.g., agroforestry and sustainable agricultural livelihood practices) and health through capacity building, creation of village savings and loans programs, provision of goods/materials.
- Married and unmarried youth are reached with health services through other non-health platforms.
- Vulnerable households adopt positive behaviors across health, nutrition, WASH, livelihoods, and environment sectors, including but not limited to utilization of health products and services.
- Environmentally friendly technologies providing health benefits are adopted and supported by community members (particularly women and youth).
- Improved capacity of the health sector to deliver services to GBV survivors (recognizing signs of violence, treatment and referral for services) and to enhance prevention efforts.

Result 4: Increased functional capacity of local organizations in the health sector

Building the capacity of local organizations is an important aspect of the overarching goal to assist countries in their journey to self-reliance and end the need for foreign assistance. Each country is at its own stage on this journey. In Burkina Faso and Niger, local organizations may be nascent but nevertheless possess the potential to be an active and vibrant segment contributing to the health and well-being of the citizens in these countries.

HSD will seek to strengthen the organizational capacity of local organizations providing assistance to communities in Burkina Faso and Niger. Recognizing that the Ministries of Health are primarily responsible for ensuring the quality of service delivery at health facilities, HSD will target organizations that increase the capacity of government health facilities to deliver services, the engagement of communities in health service delivery, improve community management of health services, accelerate the adoption of healthy behaviors, and enhance linkages with other social services for a more comprehensive approach to improving health outcomes (Result 2 and sub-result 2.1).

Specifically, HSD will prospectively identify local organizations in each country that are interested in, and willing to implement the necessary actions to prepare them to be recipients of U.S. Government funding. HSD will develop, implement and adhere to a plan that will: (1) transition a portion of activities to be implemented by at least one local organization during the course of this activity; and (2) implement and complete a rigorous capacity building process to strengthen other local organizations that will prepare them to receive direct U.S. Government funding by the end of the award.

An organization must have the capacity not only to seek funding, but also be able to execute the proposed work plan and account for its actions and the resources used in the process. HSD will ensure that organizations identified for capacity strengthening and organizational development have the requisite policies and systems in place, and that they are able to successfully operationalize these policies and systems. USAID recognizes that local organizations may continue to need support from international NGOs, particularly as they begin to lead the implementation of activities as a prime recipient.

Organizational development tools and approaches are well developed, and the implementer should adopt and/or adapt them rather than develop new tools. Implementers will need to ensure these organizational development results are achieved, while simultaneously implementing development activities; likewise, local partners will need to be encouraged to undertake significant organizational reforms, even while implementing technical activities.

A significant portion of the HSD level of effort should be dedicated to local partner capacity development, and these efforts must be initiated from the start of the award and executed consistently throughout the life of the award.

Illustrative Outcomes:

- Local partner organization(s) transitioned to direct U.S. Government assistance to implement activities.
- Local partner organizations qualified to be direct recipients of U.S. Government assistance.
- Increased capacity of local organizations to strategically plan, manage, finance, and execute programmatic activities.

6. Geographic coverage and target populations

HSD will support investments in the RISE II shared zones of intervention which include the regions of Centre Nord in Burkina Faso; and portions of Tillaberi, Maradi and Zinder in Niger. See the inserted map for the RISE II zone. In addition, as its contribution to the SDP effort, HSD will be expected to contribute to enhancing health services provision in Sahel and Est in Burkina Faso and in the parts of Tillaberi not included in the RISE II zone. Level of effort (LOE) should be concentrated in the RISE II zone to ensure full support to the government's health system. Support to remaining areas of the SDP zone will be negotiated with USAID post-award depending on need, accessibility, and other considerations. For the purposes of the application, Applicants should assume an 80% LOE for RISE zones, and 20% LOE for non-RISE SDP areas. Health, family planning and nutrition interventions will generally target the zone, taking into account as applicable host country guiding documents, beyond the target communes to be identified by FFP as interventions areas for FFP DFSAs as well as work at the national level. In the communes where DFSA implementing partners (IPs) are present, HSD will need to coordinate closely to ensure complementarity of support to these communities and avoid duplication of services. In areas where DFSAs are not present, HSD will implement essential community-based activities that help to link target populations to health services. The specific communes to be covered by HSD will be identified after award by USAID in consultation with

the government. Due to the security situation and other considerations, HSD may also have to withdraw from certain geographies during implementation in consultation with USAID.

Target populations

HSD will seek to improve the health, family planning, and nutritional status of the following populations:

- Women of reproductive age, with special focus on periods of adolescence (both married and unmarried), pregnancy, post-partum, and lactation;
- Children under five, with special focus on the newborn period and the first two years of life (as part of the emphasis on the first 1,000 days); and
- The poorest or marginalized households to ensure their differentiated needs are met.

Achieving results for targeted populations will require engagement with men, women and adolescents boys and girls, as well as local governments, health care providers, civil society and traditional and religious leaders, in order to foster community-wide commitment and actions, as well as improvements to decision making within households and gender relationships. For HSD, USAID will expand the definition of youth from 15-35 years of age (as specified by the African Youth Charter) to also include the 10- to 14-year-old adolescent age range. This will facilitate addressing unhealthy gender norms such as early marriage and early pregnancy using lessons learnt from the USAID Transform/Phare pilot project that are being included in government strategies.

HSD must track and report indicators in an age-disaggregated manner (categories to be determined in consultation with USAID). HSD must also track the extent to which services and SBC interventions are reaching the poorest or marginalized households. HSD must also develop a system in collaboration with the DFSAs to track HSD engagement with individuals who are also receiving DFSA support. This may involve collaboration on the use of unique identifiers that are developed by the DFSAs.

7. Activity implementation in insecure areas

In Burkina Faso and Niger, violent extremist organizations (VEOs) are currently active in certain geographic areas, including within the regions of Centre Nord, Sahel, Est (Burkina Faso) and Tillaberi (Niger). USAID implements Countering Violent Extremism (CVE) programs in these areas, which consists of programs to: (1) strengthen West African capacity to counter violent extremism; (2) amplify moderate voices across the region; and (3) increase community cohesion in areas of greatest risk.

HSD will strengthen the capacity of the governments of Burkina Faso and Niger to provide essential health services in specified areas of Centre Nord, Sahel, Est and Tillaberi regions, while also engaging local civil society to assist as appropriate. Drawing from the technical approach developed, HSD will identify a strategy that is appropriate for a dynamic and insecure environment. HSD may support multiple modalities for delivering essential services. For example, in certain contexts where health personnel are not present, mobile services may be

appropriate. In other situations, health personnel may be present but lack sufficient support, supervision and essential supplies and medicines. Social and behavior change in these environments may also differ, and HSD will work closely with Breakthrough Action to adapt and/or develop appropriate tools and approaches to address critical behaviors.

These efforts will require strong collaboration with other stakeholders to ensure the safety and security of both the health providers and the citizens accessing services. HSD will collaborate closely with OTI and OFDA, and with host government authorities when implementing activities in these areas.

Applicants should propose interventions that have a track record of working in insecure areas, as well as proposing innovative approaches to be piloted, evaluated, modified, and scaled up. In particular, USAID seeks approaches that engage and build capacity of government health systems to respond in insecure areas, while also harnessing civil society capacities. The implementer should additionally be informed in these approaches through consultation with government and other stakeholders, and by conducting a comprehensive barriers analysis that identifies factors negatively impacting provision of health services in insecure areas. These consultations and barriers analyses should identify cost-effective, feasible, and locally-owned mitigation measures. It may also be necessary to explore how to support retention of health workers in remote or conflict-affected areas, how to set up alternative health care delivery modalities, and how to promote health services that are sensitive to, and responsive of, individuals exposed to violence or insecurity.

8. Empowering and ensuring benefits for women and youth

USAID seeks to be more inclusive in its targeting of beneficiaries. Promoting gender equality, advancing the status of women and girls, and promoting youth participation is vital to achieving USAID's development objectives in the Sahel. Applicants will be expected to use a Positive Youth Development approach that engages youth, demonstrate compliance with USAID Policy ADS 205 and the USAID Youth in Development Policy, describe how this activity will support the gender and youth policies and strategies of USAID and the governments of Niger and Burkina Faso, and proactively integrate women and youth as active participants and contributors, not just passive recipients. All RISE II IPs must incorporate the lessons learned on gender and youth from the first phase of RISE implementation, as well as from other studies on gender in the region. All RISE II activities are expected to enhance the agency, health, and well-being of women and youth, and ensure their differentiated needs are addressed. Applicants should seek to complement other donor and government efforts and policies to avoid duplication and to scale up best practices.

Specifically, HSD must:

- Identify high level program objectives for enhancing women's and youth agency and for ensuring women and youth benefit from activities, and set sex and age disaggregated indicators and targets to track progress toward those goals;
- Use existing information or conduct field-based gender and youth analyses if not available prior to implementing their first year work plan to ensure local specificities are taken into account;

- Increase the organizational capacity of local partners to advance and measure gender and youth equality and empowerment by training staff, disaggregating all person-level and key performance indicators by sex and age, and hiring senior gender and youth advisors;
- Promote women and youth in leadership positions in project activities, and support them through targeted capacity building, and engagement to create supportive enabling environments;
- Engage traditional and religious leaders to support normative changes in the community;
- At the community level in non-FFP zones, support messaging on literacy and school attendance by girls in all activities and link communities with existing literacy programs;
- Take into account women's workload and time constraints when designing activities, to free up time rather than create more of a time burden;
- Use approaches that encourage dialogue between husbands and wives, men and women, boys and girls to support women's and girls' well-being and empowerment at home, in relationships, and in communities and organizations;
- Directly address adolescents and their specific concerns; and
- Promote youth volunteerism and opportunities for internships.

In preparing its response, the Applicant must refer to the following:

USAID/Sahel Youth Analysis prepared for the RISE
at https://www.usaid.gov/documents/1860/usaid-sahel-youth-analysis

USAID's YouthPower Positive Youth Development (PYD) approach
at http://www.youthpower.org/

USAID's Gender Analysis prepared for RISE II
at https://dec.usaid.gov/dec/content/Detail_Presto.aspx?vID=47&ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=NTEwMDQw

9. Monitoring, Evaluation and Learning

HSD is a critical component of the RISE II project and will contribute vital information on development results, strategies and approaches to enhance individual, household, community, and institutional resilience in a dynamic environment. The monitoring, evaluation, and learning (MEL) system should use USAID's Collaboration, Learning, and Adapting (CLA) principles (see ADS 201.3.5.19) to effectively integrate real time monitoring and learning back into the project strategy and program implementation and ensure knowledge is shared with the broader RISE host country community.

Activity Monitoring, Evaluation and Learning Plan (AMELP)

HSD will utilize a comprehensive AMELP to track progress, identify learning opportunities, and effectively adapt programming to respond to challenges and opportunities that arise. The AMELP will be updated regularly, prioritize Gender Equality and Youth Inclusion, and include a data analysis plan. HSD will support and utilize the appropriate government health monitoring

systems and protocols; however, HSD may need additional systems to ensure data quality and timeliness in reporting results.

Monitoring

The monitoring system will provide HSD, USAID and other key stakeholders with timely and accurate data, both qualitative and quantitative. The system must be aligned and where possible integrated into existing systems so as not to cause undue burden. In Burkina Faso, the DHIS2, referred to as *ENDOS* is being used and this existing system should be used and strengthened. Indicators should be clearly linked to results and grounded in a theory of change, and data should be disaggregated by age, gender, country, zone of intervention and other relevant criteria. Indicators should include measures of outputs and impacts of the interventions (Please see Annex #I for a list of illustrative indicators.)

The monitoring system must include performance monitoring and context monitoring. Partners are responsible for collecting baseline data for their performance indicators. Performance monitoring refers to monitoring the quantity, quality, and timeliness of HSD's outputs within the control of the implementer, as well as the monitoring of HSD's outcomes that are expected to result from the combination of these outputs. Performance monitoring includes operational monitoring such as a strategy for ongoing monitoring of the implementation and impact to verify that completed activities still function and if not why not. For example, if a health worker is trained, performance monitoring should track whether the trained skills being applied consistently a year later, or if equipment is supplied, whether is it being used properly and maintained in subsequent years.

HSD must set targets for, track, and report relevant indicators in an age-disaggregated manner (categories to be determined in consultation with USAID). HSD must also track the extent to which services and SBC interventions are reaching the poorest or marginalized households. HSD must also develop a system in collaboration with the DFSAs to track HSD engagement with individuals who are also receiving DFSA support. This may involve collaboration on the use of unique identifiers.

Context monitoring is related to the monitoring of local conditions that may directly affect implementation and performance, such as non-USAID projects operating within the same sector as USAID projects, or external factors that may indirectly affect implementation and performance, such as macro-economic, social, or political conditions. Context monitoring should be used to monitor assumptions and risks identified in HSD's logic model. In order to have a sound monitoring system, applicants will propose indicators, determine ways to set baselines, set realistic targets for performance indicators, and establish effective procedures for internal data quality control.

Evaluation

USAID will commission a population based evaluation (to include baseline, midline, and endline) of the RISE zone of influence. In addition, USAID may commission a third party midterm and final performance evaluation of HSD. HSD will work closely with the evaluators to

provide context as well as access to relevant staff and information. Results of performance evaluations may lead to changes in the implementation of HSD and will be shared in a public report.

Learning

HSD must develop a preliminary learning agenda that identifies a limited number of questions related to HSD's theory of change. These questions will inform the project-level RISE learning agenda, which will be developed throughout the first year of implementation. Central to the RISE learning agenda is the question of self-reliance and the ability of the governments of Burkina Faso and Niger, as well as the communities within the RISE zones, to increasingly manage and resource their own development.

Close and systematic collaboration with other USAID implementing partners, the governments of Burkina Faso and Niger, decision-makers and institutional bodies among the target communities, and other key stakeholders will be critical to maximize the use of learning and ensure that monitoring and evaluation systems are as cost-effective as possible and do not create a parallel system. HSD will be expected to collaborate closely with a RISE Collaboration and Communication mechanism. HSD must include participation at workshops and learning-related activities into its work plan, identify a CLA POC on staff, and budget for attending learning events and holding its own sector-specific learning events with RISE partners and local stakeholders. In Burkina Faso, the government has a "Results Delivery Unit" and a Knowledge Management and Learning and Adapting Unit. HSD will be expected to support and coordinate with these two units from the start to maximize shared learning.

10. Collaboration with other important health sector programs

As outlined in previous sections, HSD is one of a number of USAID-funded health and development activities that will be programming in the RISE II zone. Under RISE II, USAID is committed to greater coordination, efficiency, and effective division of labor. In addition to the DFSAs and SBC activities, a number of other USAID-funded programs are active in Niger and Burkina Faso, with which HSD will work in a coordinated manner and/or seek synergies as appropriate. These programs include:

The President's Malaria Initiative (PMI)
PMI recently announced both Burkina Faso and Niger as focus countries, and is making substantial investments to combat malaria, one of the primary drivers of morbidity and mortality for pregnant women and children under five. Specific strategies for each country are detailed in their respective Malaria Operational Plans. PMI also closely coordinates its investments with The Global Fund, for which the U.S. is the largest donor. HSD will take into consideration the investments already being made in this area, avoid potential duplication and identify important opportunities to complement these activities with MCH, FP and nutrition activities to leverage greater impact.

Amplify-FP
The West Africa Regional Health Office (RHO) will award a new activity in mid-2018 to scale up the key high impact family planning practices (HIP) of Post-Partum/Post Abortion Care- FP services, and task sharing in urban and peri-urban areas in Burkina Faso and Niger (among other countries). Amplify-FP seeks to take these HIPs to scale across West Africa, particularly in Niger, Burkina Faso, Togo, and Cote d'Ivoire. It will do so not by implementing these practices, but by modeling them at "gold standard" Integrated Learning Centers (ILC), and then supporting other partners, such as the RISE II HSD partners, to replicate them within their own area of implementation. This is a key partner for HSD to not only coordinate with, but to leverage and amplify the results of both projects. Amplify-FP will specifically work in Zinder in order to facilitate interaction with the RISE II partners, and will also work in Ouagadougou and Bobo Dioulasso in Burkina Faso. While Amplify-FP focuses on urban areas, it can support the RISE partners to adapt these HIPs to the rural context.

West Africa Health Organization (WAHO)
The RHO is partnering to strengthen the capacity of WAHO to execute its mandate of harmonizing health policies, pooling resources, and fostering collaboration and integration to address regional health priorities. This includes supporting the development of WAHO's strategic 2016-2020 plan to ensure that it aligns with the broader ECOWAS goals.

Ouagadougou Partnership
The Ouagadougou Partnership was launched in Ouagadougou, Burkina Faso in February 2011 at the Regional Conference on Population, Development and Family Planning held by the nine governments of Francophone West African countries and their technical partners and financial resources to accelerate progress in the use of family planning services in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo. The main objective of the Partnership is to reach at least 2.2 million additional family planning methods users in the nine countries by 2020. The core partners group consists of the French Development Agency (AFD), the US Agency for International development (USAID), the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, French Ministry of Foreign Affairs, United Nations Fund for Population Activities (UNFPA) and the West African Health Organization (WAHO).

Health Policy Plus (HP+)
The HP+ activity is supporting the development of family planning and reproductive health related policies in Burkina Faso and Niger, including updated national strategies (costed implementation plans). HSD will coordinate with HP+ to ensure that any national level efforts to strengthen policy are closely aligned, mutually reinforcing and not duplicative, redundant or conflictual.

Control and Elimination Program for Neglected Tropical Diseases (CEP-NTD)
USAID is undertaking significant, nationwide efforts in Burkina Faso and Niger to eliminate neglected tropical diseases, mainly through mass drug administration. While HSD may not need to collaborate with END directly, it should be aware of these efforts and recognize that there may be opportunities to leverage these events and/or awareness raising campaigns for the benefit of other health activities given that the CEP-NTD project works with community health workers.

Evidence to Action (E2A)
In Burkina, E2A has two different projects that will be implemented in Centre Nord and Est regions. The first, a RISE funded activity, will focus on reinforcing access to services at the health center and community level - working closely with community health workers. The second will focus mostly on first time young parents and youth in both family planning and maternal and child health. E2A also receives core funds that have supported activities related to the Ouagadougou Partnership and will also be documenting the process of the Centers of Excellence being stood up in Ouagadougou and Bobo with the Large Anonymous Donors fund. In Niger, E2A is also developing a one year bridge to support MCH and FP activities.

Evidence Project
In Burkina, the Evidence project will work in the resilience zone to support the Ministry of Health and the Ministry of Women in finding strategies to mitigate early pregnancies by targeting youth.

Global Health Security Agenda:
Burkina Faso is a phase-one priority country for the US Government's Global Health Security Agenda (GHSA), which seeks to accelerate progress toward a world safe and secure from infectious disease threats and to promote global health security as an international security priority. USAID works in tandem with the Centers for Disease Control and Prevention to support national efforts to prevent and reduce the likelihood of health outbreaks by providing early detection of potential global health threats and rapid, effective response to these threats through a One Health approach. In close coordination with other actors, USAID supported the GoBF in developing the global health security agenda roadmap which will guide the implementation of activities targeting prevention, detection, and response to emerging pandemic threats.

HIV/AIDS
In Burkina the new project Ending AIDS in West Africa (EAWA) is a regional project primarily targeting key populations and will be working to develop a center of excellence in Ouagadougou and Bobo.

Development Partners
In addition to USAID's investments, HSD will coordinate with and leverage other donor investments, including GAVI and the Global Fund to fight AIDS, TB and Malaria (GFATM) which provide significant support to the governments of Burkina Faso and Niger, and other agencies including the World Bank, DfID, UNFPA, UNICEF, WHO, WFP, Embassy of Canada, Embassy of Belgium, European Union, French Embassy, AFD, The Hewlett, Bill and Melinda Gates and The Large Anonymous Donor's Foundations.

11. Budget and funding

Subject to the availability of funds, the USAID/Senegal, Sahel Regional Office (SRO) expects to make two awards for a total amount of up to $89 million over five years for the purpose of implementing the HSD interventions in Republic of Niger, and Burkina Faso. Total ceiling for the award in Niger will be up to $54 million of which $5 million is set aside for a crisis modifier that allows the Implementer to undertake additional early actions or shock response in the event

of a projected or current shock and/or public health emergency. The award in Burkina Faso will be for up to $34 million of which $5 million is for a crisis modifier.

The funding anticipated for HSD is envisioned to come from a number of different USAID funding streams, each with different requirements. Specifically, HSD envisions utilizing family planning funds (40%), nutrition funds (12%) and maternal and child health funds (40%), water and sanitation funds (8%) for ensuring access to clean water and sanitation at health facilities, and possibly malaria funds. While recognizing the integrated nature of health systems strengthening, Implementers should focus their efforts to ensure significant impacts relative to the estimated funding proportions. These percentage allocations are illustrative and may change in response to annual USAID appropriations.

USAID envisions a close partnership between HSD and Breakthrough-ACTION. Breakthrough-ACTION will be receiving a separate direct award from USAID to cover their staffing, travel, and other needs. However, HSD Applicants will need to budget for providing logistical support, such as office space, for Breakthrough Action staff. Further details on the types of support needed are included below in Section 15 on Management, Staffing and Shock Responsive Programming.

Crisis modifier
Budget proposals should include a set-aside line item for the crisis modifier ($5 million in Niger, $5 million in Burkina Faso) to be used in the event of a projected or current shock and/or public health emergency *should additional resources be made available to USAID for that purpose*. In the event of a crisis or public health emergency, Implementers should not assume that this additional funding will be made available, rather their default should be to respond by adjusting activities and requesting USAID permission for adjustments that exceed a 10 percent line item change pursuant to 2 CFR 200.308(e). In addition, up to 100% of the budget can be reprogrammed through an Award amendment in the case of a major national emergency. Implementers must have in place an active Shock Response Contingency Plan that guides the use of the crisis modifier (see Section 12 for details).

Commodity purchase
Commodity purchase and provision should be a minimal budget component, only when directly tied to performance improvements. The focus should be on durable goods (such as small equipment), rather than consumables. The Awardees should focus on partnering with other programs, such as PMI, to leverage their investments in supply chain strengthening and commodity provision. Procurement of essential medicines or Ready-to-Use Therapeutic Foods in the case of emergency stock-outs may be considered in consultation with USAID.

Construction
Recognizing the Ministries' goals to enhance local health facilities, limited renovation and equipment upgrades may be provided consistent with HSD's goal, but only when this cannot be done by other development partners or the relevant central or local governments. Implementers should take measures to encourage local contributions to facility improvements. Recognizing the frequent lack of clean water and proper sanitation services at health facilities, HSD has the

scope to construct or rehabilitate water or sanitation infrastructure. Construction of new health facilities is not envisioned under these Awards.

Therefore, Applicants should note that there is a possibility for reprogramming of funds for construction or infrastructure rehabilitation to achieve the goals of HSD when the need arises, and cannot be handled by other means or donors. In such a situation, and consistent with the ADS 303 guidance on construction: https://www.usaid.gov/sites/default/files/documents/1868/303maw.pdf, the Applicant will be required to identify the facility and submit specific details on proposed activities along with budgets, and these will be reviewed and added to the award through an amendment to the agreement. Construction must comply with USAID requirements on Limitation on Construction under Assistance award pursuant to ADS 303.3.30. Implementers are encouraged to consult early with USAID to ensure compliance with USAID construction policies and legal requirements and to allow sufficient time to review and concur with proposed activities and to process the required Agreement modification.

Cost share
USAID does not require cost share for this award.

Program income
USAID does not anticipate program income under this award. Implementers will need to consult with USAID if they generate program income to determine how it should be handled.

12. Management, staffing and shock responsive programming

Management and operations
HSD will require a management and operational structure that is cost efficient and able to effectively implement across a variety of contexts, including in insecure zones. HSD must be able to engage in policy level dialogue while remaining focused on, and present in, the zones of intervention.

HSD Implementers should maximize their field presence, operating as closely as possible to communities in the RISE II zones, while at the same time maintaining the ability to closely liaise with national Ministry counterparts. They are strongly encouraged to co-locate with, or nearby/adjacent to, MOH structures, other USAID partners and/or with other RISE II partners in order to maximize collaboration. HSD will house Breakthrough ACTION (BA) staff in their offices and provide necessary support services, such as IT and printing, and BA staff will regularly accompany HSD staff during field visits. This will also require that HSD work with BA to develop a joint work plan that outlines their collaboration. In Niger, BA will have approximately six staff in Niamey, and 2-3 per region; in Burkina Faso, BA will have approximately two to three staff sitting at the Ministry of Health; and, in each zone of intervention, BA will have one (1-3) field staff.

HSD offices should be able to accommodate collaboration meetings with other USAID Implementing Partners (IPs) and occasional TDYers providing specialized technical assistance in the health sector.

Collaboration

Collaboration is essential to the success of the activity, and HSD Implementers will actively collaborate with the Ministries of Health in each country and key USAID Implementing Partners (IP), the Breakthrough Action (BA) social and behavior change mechanism and the Food for Peace (FFP) Development Food Security Assistance (DFSA) partners and other partners working in the same intervention zone. HSD will also collaborate closely with the President's Malaria Initiative (PMI) partners, Global Health Security Agenda partners, as well as other donors and key stakeholders including UNICEF, UNFPA, the Global Fund and GAVI in each country. In consultation with USAID, this collaboration is expected to lead to refinements and adjustments to the Activity's technical approaches and annual work plans.

USAID will put a Collaboration and Communication mechanism in place to ensure collaboration among RISE partners and streamline communication for collective impact. Partners will be expected to work closely with this mechanism. To facilitate the collaborative process, all RISE II activities will be required to do the following:

- Proactively seek opportunities for joint programming that amplifies results;
- Describe joint activities in annual work plans that clarify roles and responsibilities around specific programmatic linkages with other RISE II activities;
- Conduct joint site visits with other RISE II partners and/or other USAID health partners, when appropriate, to facilitate learning across activities;
- Actively participate in USAID partner meetings and learning events, as well as national cluster meetings;
- Include a section in quarterly and annual reports on collaborative activities and synergistic results.
- Contribute to joint indicators linked to the RISE II results framework, analysis, and the diffusion of reliable information in collaboration with other RISE activities, the GoN's reporting system, and other donors;
- Seek collaboration with local governments, participate in regional and district planning, and share HSD plans with relevant government counterparts.
- Respond to information requests and taskers coming from USAID's Collaboration and Communications mechanism. Participate fully and actively in meetings and events organized by this mechanism.

Adaptive management

The operating environment in the Sahel is fluid and even the most sound HSD designs may face unanticipated situations that hinder success. As part of the operational structure, HSD should ensure that its staffing, work plan, budget, and operational processes allow for timely and accurate decision-making and course corrections when evidence acquired through the activity's MEL mechanisms suggest the need for changes to be made. USAID expects a rigorous approach to learning and adaptation driven by data that, in consultation with USAID, also lead to refinements and adjustments to the Activity's technical approaches and annual work plans.

Six-month refinement period
USAID anticipates that during the first six months after award, HSD will engage with USAID, partner governments, the other RISE II partners and other USAID health partners to 1) refine its theory of change, approach and interventions, 2) develop plans for joint activities with other RISE II partners and begin initiating key activities, 3) conduct necessary analyses and consultations, 4) mobilize and train its own staff, 5) develop an Environmental Mitigation and Monitoring Plan, 6) refine its learning agenda in consultation with other RISE II partners, and 7) ensure coordination of shock contingency plans with other RISE partners. At the end of six months, HSD should present a revised life-of-project design to USAID for discussion and approval, along with any required adjustments to their first year work plan and AMELP.

Staffing structure
Applicants should propose a staffing structure that is capable of ensuring the success of HSD, taking into account guidance in the above section on Management and Operations. In addition to the Key Personnel noted below, USAID expects Applicants to propose an appropriate mix of staff and Short term technical assistance with the requisite technical and managerial competencies to successfully implement the Activity. USAID encourages applicants to identify highly qualified, local staff to fill as many of the positions as possible. A justification should be provided for any headquarters-based staff supported by the activity.

Key Personnel
The Applicant must propose and justify five Key Personnel positions and candidates for those positions that it considers essential to achieve the program outcomes. USAID may request changes to Key Personnel positions. USAID retains the right to approve the initial Key Personnel positions and candidates, as well as any replacements to those positions. The Applicant should clearly state which, if any, of the Key Personnel were part of the design team responding to this solicitation. USAID may request an interview with the proposed Chief of Party and senior management team of the finalist(s) to inform the selection decision.

Shock responsive programming
Burkina Faso and Niger are regularly subjected to shocks, both natural and man-made, that can have a significant impact on health and nutrition outcomes. Droughts, floods and disease outbreaks are routine occurrences - public health emergencies such as cholera outbreaks and ongoing insecurity in the region may require urgent response. Applicants should demonstrate they have the necessary capabilities to respond to a wide array of emergency situations and rapidly identify and (re)deploy staff or relevant technical expertise, in close consultation with USAID and the appropriate structures responsible for coordinating the emergency response.

Implementers must submit to USAID, within 6 months of mobilization, a Shock Response Contingency Plan that outlines 1) the activities they will take to reduce vulnerabilities in the health system and better prepare it respond to emergencies and/or outbreaks, 2) the monitoring and consultations they will perform to track potential and emerging threats as well as trigger thresholds for activating a response, 3) the activities they will ramp up or initiate in response to each type of emerging shock, and 4) the staff whose responsibility it will be to prepare for and lead shock response. In case of a shock, the implementer can propose up to a 10 percent change in line items to finance early response actions designed to reduce loss of lives and livelihoods

and protect development gains. Up to 100% of the Award can be reprogrammed in response to a large-scale emergency through an award modification. In addition, USAID may activate the Crisis Modifier and provide additional funding should the need arise and funds be available. HSD should not assume that additional funding will be made available, rather its default should be to respond by adjusting planned activities.

In the event that the Implementer needs to respond to a shock that is not covered by the active, pre-approved contingency plan, the Implementer should submit a concise supplement to the contingency plan, which should include, at a minimum, the evaluation of the new shock including threshold data and evidence of trigger, proposed interventions and geographies, and accompanying budget. USAID will then work with the Implementer to agree on a response.

In addition, HSD should incorporate resilience-building into its approach. While enhanced health service delivery directly contributes to individual resilience by reducing the incidence and severity of health shocks, HSD should also contribute to system resilience. Health Systems Resilience is defined as the "capacity of health actors, institutions, and populations to prepare for and effectively respond to crisis; maintain core functions when a crisis hits; and inform lessons learned during the crisis." To build a resilient health system, both health and non-health actors must coordinate to ensure functionality. All levels of the health systems should be well-equipped and prepared to respond to shocks and stressors, such as disease outbreaks, extreme climate events, large population displacement and migration, conflict, and emergencies. This includes addressing recruitment and retention of staff in shock-affected regions. Given decentralized health systems, remote communities, and lack of resource transfer from central to local level, commune governments will need to be deliberately integrated into the health system to enhance functionality and resilience.

Conflict and insecurity

Portions of the RISE II zone, particularly Centre Nord in Burkina Faso and Tillaberi in Niger, have experienced extremist attacks in the past year. It is possible that during the life of this award, actions of extremist groups or criminals may lead to greater levels of conflict and insecurity in Centre Nord and/or become a factor in Maradi or Zinder. In addition, HSD will enhance health services delivery in locations currently experiencing insecurity in Tillaberi in Niger, and in Sahel and Est in Burkina Faso. Accordingly, HSD should be designed to be nimble and to adjust its mode of implementation to take into account evolving security contexts. It may also be necessary to explore how to support retention of health workers in remote or conflict-affected areas, how to set up alternative health care delivery modalities, and how to promote health services that are sensitive to, and responsive of, individuals exposed to violence or insecurity.

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

USAID intends to award two (2) Cooperative Agreement, one for Burkina Faso, and one for Republic of Niger pursuant to this notice of funding opportunity. Applicants may apply for both countries of implementation, but should submit two separate and complete applications. Subject to funding availability and at the discretion of the Agency, USAID intends to provide $89,000,000.00 in total USAID funding over a five (5) year period for the purpose of implementing the HSD interventions in Republic of Niger, and Burkina Faso.

Total ceiling amount for the award in Niger will be up to $54 million of which $5 million is set aside for a crisis modifier that allows the Implementer to undertake additional early actions or shock response in the event of a projected or current shock and/or public health emergency. The award in Burkina Faso will be for up to $35 million of which $5 million is for a crisis modifier. The funding anticipated for these awards will come from a number of different USAID funding streams including population and reproductive health, nutrition, maternal and child health, water and sanitation, and possibly malaria.

2. Start Date and Period of Performance for Federal Awards

The anticipated period of performance is five years. The estimated start date will be on/or about January 31, 2020.

3. Substantial Involvement

Award under this NOFO will be a cooperative agreement. Potential applicants should note that USAID policy prohibits the payment of fee/profit to the recipients under assistance instruments. Consistent with ADS 303.3.11, USAID will be substantially involved in the implementation of this Activity. The intended purpose of the Agreement Officer's Representative (AOR) involvement during the implementation of the program is to assist the recipient in achieving the supported objectives. It is expected that the Agreement Officer will delegate the following approvals to the AOR:

(a) Approval of the Recipient's Implementation Plans

USAID will approve annual work plans and the life-of-project exit strategy, and any subsequent revisions.

(b) Approval of Specified Key Personnel

USAID may designate as Key Personnel only those positions that are essential to the successful implementation of the Recipient's program.

(c) Agency and Recipient Collaboration or Joint Participation

When the Recipient's successful accomplishment of program objectives would benefit from

USAID's technical knowledge, the AO may authorize the collaboration or joint participation of USAID and the Recipient on the program. The AO may include appropriate levels of substantial involvement such as the following:

1) Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the Recipient. USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.

2) Concurrence on the substantive provisions of sub-awards –including subcontracts to carry out work of a technical nature under the award (examples include, carrying out a study or a training of a technical nature, etc.). 2 CFR 200.308 already requires the Recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement.

3) Approval of the Recipient's Activity Monitoring, Evaluation, and Learning Plan (AMELP).

4) Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects.

(d) Agency Authority to Immediately Halt a Construction Activity.

The AO may immediately halt a construction activity if identified specifications are not met.

An award shall be made only when the Agreement Officer makes a positive determination that the Applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID. For organizations that are new to USAID, or organizations with outstanding audit findings, it may be necessary to perform a pre-award survey in accordance with ADS 303.3.9 and ADS 591.3.4.2.

4. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is 937, defined as the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source. Procurement of vehicles and pharmaceuticals and other restricted commodities are subject to the limitations in 22 CFR 228, ADS 312, and ADS 310 and may require a waiver or Agreement Officer's approval.

For accurate identification of prohibited sources, please refer to 22 CFR 228 and Automated Directive System (ADS) 310 entitled "Source and Nationality Requirements for Procurement of Commodities and Services Financed by USAID.

5. Nature of the Relationship between USAID and the Recipient

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the Health Services Delivery activity which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

Qualified U.S. and non-U.S. organizations (other than those from foreign policy restricted countries) are eligible to apply under this NOFO. Potential for-profit Applicants should note that, in accordance with 2 CFR 200.400(g), profit, which is any amount in excess of allowable direct and indirect costs, is not an allowable cost for Recipients of USAID assistance awards, and cannot be part of the activity budget. However, the prohibition against profit does not apply to procurement contracts made under the assistance instrument when the Recipient procures goods and services in accordance with the Procurement Standards found in 2 CFR 200.317 to 326.

Eligibility for this NOFO is not restricted.

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

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

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

2. Cost Sharing or Matching

No cost-sharing (matching) is required.

3. Other

Organizations may submit only one application for each country under this NOFO.

All applications received by the deadline will be reviewed for responsiveness and programmatic merit in accordance with the specifications outlined in Section D below. Applications should respond directly to the terms, conditions, specifications and provisions of this NOFO (including all portions of the program description). Applications that do not meet the requirements of this NOFO will not be considered for award.

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Primary:
Name: Abdullahi Sadiq
Title: Agreement Specialist
Street Address: USAID/Senegal, c/o U.S. Embassy, B.P. 49, Route des Almadies, Dakar, Senegal
Email: asadiq@usaid.gov
Phone number: +221.33 879. 4000

Alternate:
Name: Chadwick Mills
Title: Regional Agreement Officer
Street Address: USAID/Senegal, c/o U.S. Embassy, B.P. 49, Route des Almadies, Dakar, Senegal
Email: cmills@usaid.gov
Phone number: +221.33 879. 4000

2. Questions and Answers

Questions regarding this NOFO should be submitted in writing to the email address of the **primary** and **alternate** agency contacts above with a copy to Aminata Diallo at amdiallo@usaid.gov and Hamed Cisse at hcisse@usaid.gov no later than the date and time indicated on the cover letter, or as amended. Any information given to a prospective Applicant concerning this NOFO will be furnished promptly to all other prospective Applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

3. General Content and Form of Application

Preparation of Applications:

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

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

- Name and DUNS number of the organization(s) submitting the application;

- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address), clearly identifying if the contact person has the authority to negotiate the award, and if not, a person authorized to negotiate should also be clearly identified;

- Program name;

- Country (Burkina Faso or Republic of Niger) of Implementation;

- Notice of Funding Opportunity number; and

- Name and DUNS number of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations), per USAID's definition of 'local entity' under ADS 303.

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

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

Applications must comply with the following:

a) Technical application must be in English, and must not exceed **30 pages**, excluding attachments/annexes, and must be on 8.5 by 11 inch or A4 size paper, single spaced, 12-point font with one-inch margins on all sides, including consecutive page numbers, date of submission, and Applicant's name, country of implementation on a header or footer.;

b) Graphs, charts, draft Six-month Refinement Period Work Plan, case study responses, letters of commitment, CVs, organizational references, and related background information can be included as annexes. Organizational reports should not be included, and where information is online, a link is sufficient to reference it. Annexes should not exceed **70 pages**.

c) If applications contain text boxes, they must be in no less than 10-point font, as to not unduly interfere with readability;

d) The technical application must be in a **searchable and editable Word or PDF format** as appropriate;

e) The Cover Page, Table of Contents, Acronym list, Executive Summary, and Attachment/Annexes do not count against the **30-page** limitation. Any page in the technical application that contains a table, chart, or graph, not otherwise excluded above, is subject to the page limitation;

f) All information from attachments/annexes must be referenced in the technical application and summarized and included in the attach sections. All critical information from annexes/attachment that is clearly identified and summarized in the technical application will be evaluated as part of the basis of award;

g) Additional documentation beyond the **30-page** limit and the required referenced annexes/attachments will not be read or evaluated by USAID;

h) Budget Narrative: Accompanying budget notes/narrative must explain the basis of all unit costs in each line item. The explanation must identify the factors upon which each estimate is based and show the arithmetic in reaching the cost figure; and

i) The budget should be submitted in **MS Excel format (software versions 2003 or newer)**. The Excel spreadsheet cells must be "unprotected", and must not be zipped to allow USAID to view all formulas and calculations by line item. See **Appendix #1** for a sample Budget Format.

Applicants must review, understand, and comply with all aspects of this NOFO. Failure to do so may be considered as being non-responsive and the application will not be considered. Applicants should retain a copy of the application and all enclosures for their records.

4. Application Submission Procedures

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

Applications must be submitted by email to the contacts provided in Section D.1. Please do not submit applications through the Grants.gov website. Email submissions must include the NOFO number, applicant's name, and country of implementation in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line that states: "[NOFO number], [organization name], [country of implementation] Cost Application, Part 1 of 2".

USAID's preference is that the technical application and the cost application each be submitted as consolidated email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending it. If this is not possible, please provide

instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear.

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

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

There may be a problem with the receipt of *.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Senegal Mission cannot guarantee their acceptance by the internet server. File size must not exceed 10MB per email.

5. Technical Application Format

The technical application should be specific, complete, and presented concisely. The application must demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The application should take into account the requirements of the program and merit review criteria found in this NOFO.

The application must contain information that demonstrates the Applicant’s understanding of the program description and must be prepared in such a manner as to enable the review committees to make a thorough evaluation and arrive at a sound determination of whether the application responds to the NOFO.

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this NOFO are not desired and may be construed as an indication of the Applicant’s lack of cost consciousness. Elaborate art work and expensive visual or other presentation aids are neither necessary nor wanted.

This solicitation is for two awards. Technical Applications should clearly address and be customized to the country of implementation they are applying for (Burkina Faso or Niger). Applicants may apply for both countries of implementation, but should submit two separate and complete applications.

The Technical Application should be organized as described below. The content of the application should respond to the program description in Section A.

The Technical Application shall include the following sections:

- **Cover Page (does not count against the 30-page limit)**, which includes the following:

- Program title;
- NOFO reference number;
- Proposed country of implementation;
- Name of organization (s) applying for the agreement;
- Any partnerships;
- Total funds requested (in U.S. dollars);
- Contact person name, telephone number, fax number, address; and
- Name(s) and title(s) of person(s) who prepared the application, and corresponding signatures. This should indicate, which, if any, of the authors is proposed as Key Personnel.
- Valid Dun and Bradstreet Universal Numbering System (DUNS) Number
- Activation date in System for Award Management (SAM) – note that successful applicants must maintain SAM registration.

- **Table of Contents (does not count against the 30-page limit)**

- **Application Narrative (maximum 30 pages total)**
  - Executive Summary
  - Technical Approach
  - Management and Institutional Capacity
    - Key Personnel, Management and Staffing
    - Organizational Capacity and Experience

- **Annexes, include at a minimum the following: (maximum 70 pages total):**
  - Case study responses (3 pages per case study)
  - Draft Six-month Refinement Period Work Plan
  - Key Personnel CVs and letters of commitment. Note: USAID will not consider or be bound by any exclusive commitments made by key personnel to competing applications.
  - Partner letters of commitment (note: no exclusive partnership agreements with local organizations)
  - Organizational references (Past Performance Information--see form attached)
  - Other supporting documents

Below are further instructions on how the Applicant can demonstrate responsiveness to the Selection Criteria through its application:

a) Technical Approach

The applicant should present an overall strategic approach, proposed program components, and specific interventions that can be expected to effectively and efficiently contribute to achieving the Activity goal, expected results, and RISE II transformative outcomes.

The description of the strategic approach should include a theory of change (ToC) that maps out the hypothesized series of changes expected to occur in a given context as a result of specific interventions. Two awards will be made under this solicitation (one for Burkina Faso and one

for Niger), thus the applicant should produce customized ToCs for Burkina Faso and/or Niger, or one ToC with narrative explaining any differences in country context.

The applicant should describe how the approach responds to the country contexts of Burkina Faso and Niger and how it employs both evidence-based, high impact interventions and innovative approaches.

The applicant should also describe the manner in which the proposed program will contribute to the following RISE II Cross-cutting Results:

- Improved management of shocks, risks, and stresses (as appropriate to the health sector)
- Enhanced governance of institutions and organizations
- Enhanced social, economic, and political agency of women and youth

CASE STUDIES

Provide a response to the two hypothetical case studies below. For those applicants responding to Burkina Faso, please choose Part A of each question. For those applicants responding to Niger, please choose Part B of each question. The response to each case study should not exceed three (3) pages. Responses to the case studies count toward the 70-page limit for the total annex. Responses exceeding three (3) pages will be considered non-responsive.

CASE STUDY #1:

Situation:

Part A. Many communities in the zones of intervention in Burkina Faso face issues of routine flooding during the rainy season, isolating them, limiting their access to only the most basic, community level services (Cas de Santé) and preventing higher level health facilities from providing outreach and supervision.

Part B. During the project implementation period, four districts, two in Maradi, and two in Zinder experience extreme flooding. There is a severe outbreak of cholera in Zinder, and the Ministry of Health has requested assistance from the Applicant.

Questions:

1. Please describe how the Applicant will address the situation consistent with the technical approach outlined in its application.

2. Please explain how the Applicant's management and operational approach will address the situation.

CASE STUDY #2:

Situation:

Part A: In Burkina Faso, the security situation is extremely fluid and by many accounts worsening. USAID currently implements Countering Violent Extremism (CVE) programs in some of these areas, which consists of programs to: (1) strengthen West African capacity to

counter violent extremism; (2) amplify moderate voices across the region; and (3) increase community cohesion in areas of greatest risk. The Agency is under increasing pressure to improve health indicators in these regions.

Part B: In Niger, the security situation is extremely fluid. USAID currently implements Countering Violent Extremism (CVE) programs in some of these areas, which consists of programs to: (1) strengthen West African capacity to counter violent extremism; (2) amplify moderate voices across the region; and (3) increase community cohesion in areas of greatest risk. The Agency is under increasing pressure to improve health indicators in these regions.

Questions:
1. Please describe how the Applicant's technical approach will adapt programing to improve access and quality of services in VEO-affected areas.

b) Management and Institutional Capability

The Applicant must describe the staffing and management approach to support effective and efficient implementation of the proposed program in Burkina Faso and/or Niger. This includes, but is not limited to:

- Description of the staffing plan, including use of STTA. A graphic, if used, should be in the main text, but summaries or tables of proposed staff to fill these positions may be annexed.
- Description and rationale of proposed Key Personnel positions, and summary of the qualifications of proposed candidates for those positions. CVs, not to exceed five (5) pages in length, shall be annexed along with letters of commitment.
- Explanation of the delineation of roles, responsibilities, authority, and processes for decision making within the Applicant's in-country teams, with the regional office and between the home office and the field.
- Explanation of how partners will work together, level of effort for each, and how the country offices will relate to each other.
- Explanation of how the skills of any proposed staff, under sub-award(s) and Consultants, if any, will complement those of the Applicant with defined lines of management, authority and technical responsibility, including oversight and quality control.
- Description of approaches to maximize cost-efficiency and streamline technical integration.
- Description of the logistical and other support to be provided to Breakthrough-ACTION.

USAID may request an interview with the proposed Chief of Party to inform its evaluation of this criterion.

The Applicant must also describe how it will engage local partners in meaningful roles and build their functional capacity. Note: given the limited numbers of qualified local organizations, USAID requests applicants to not pursue exclusive agreements with local partners. The description should include:

- Identification of local organizations and their proposed roles, including how those roles may change over time.
- Description of the approach to enhance functioning of local organizations

The applicant must describe its organizational capacity and relevant experiences. The capacity and relevant experiences of each core partner, if any, should also be elaborated.

The Applicant must annex references for funding organizations (e.g. donors) for at least three relevant projects implemented by the Applicant. Relevant projects should be technically similar, and to the extent possible, of comparable scale and complexity. Past performance information form under APPENDIX 6 attached to this NOFO must be fully completed.

6. Business (Cost) Application Format

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

Prior to award, Applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the Applicant's risk in accordance with 2 CFR 200.205. Applicants should not submit any additional information with their initial application.

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

a) Cover Page (See Section D.3 above for requirements);

b) SF 424 Form(s);

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

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

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

c) Required Certifications and Assurances;

The applicant must complete the following documents and submit a signed copy with their application:

(1) "Certifications, Assurances, Representations, and Other Statements of the Recipient" document found at http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

(2) Assurances for Non-Construction Programs (SF-424B)

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

d) Pre-award Terms Incorporated by Reference:

The following pre-awards terms found in https://www.usaid.gov/sites/default/files/documents/1868/303mba.pdf are incorporated into this NOFO by reference:

1) Branding Strategy – Assistance;
2) Marking Plan – Assistance; and
3) Conflict of Interest Pre-Award Term

e) Budget and Budget Narrative

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

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

- Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the Applicant and any potential sub-applicants for the entire period of the program. See **Section H, Appendix #1** for Summary Budget Template;

- Detailed Budget, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the applicant's program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E; and

- Detailed Budgets for each sub-recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

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

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

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

3) Travel and Transportation – Provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the applicant's normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

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

5) Subawards – Specify the budget for the portion of the program to be passed through to any subrecipients. See 2 CFR 200.330 for assistance in determining whether the sub-tier entity is

a subrecipient or contractor. The subrecipient budgets must align with the same requirements as the Applicant's budget, including those related to fringe and indirect costs.

6) Construction –Applicants should not budget for construction in their application. The successful Awardee may propose to USAID specific construction activities post-Award, along with relevant budget re-alignment to be incorporated through an amendment. See Section A.11 above for further guidance on construction.

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

8) Indirect Costs – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. In order to better understand indirect costs please see Subpart E of 2 CFR 200.414. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most commonly used Indirect Cost Rate methods:

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

Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)
Eligibility: Any applicant with a NICRA issued by a USG Agency must use that NICRA

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

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)
Eligibility: Any applicant that has never received a NICRA.

Initial Application Requirements:
Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200.414(f) for further information.

Method 4 - Indirect Costs Charged As A Fixed Amount

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

Initial Application Requirements:

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

- Total costs incurred by the organization for the previous fiscal year and estimates for the current year.

- Indirect costs (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year.

- Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.

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

f) Prior Approvals in accordance with 2 CFR 200.407

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

g) Approval of Subawards

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

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

- Confirmation that the subrecipient is not listed in the United Nations Security designation list;
- Confirmation that the subrecipient is not suspended or debarred;
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.331(b); and
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

h) Dun and Bradstreet, and SAM Requirements

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

1. Provide a valid DUNS number for the Applicant and all proposed sub-recipients;

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

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

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

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

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

i) History of Performance

The Applicant must provide information regarding its recent (not to exceed 3 years) history of performance on any cost-reimbursement contracts, grants, or cooperative agreements (not to exceed 5) involving similar or related programs as follows:

• Name of the Awarding Organization;
• Award Number;
• Activity Title;
• A brief description of the activity;
• Period of Performance;
• Award Amount;
• Reports and findings from any audits performed in the last three (3) years; and
• Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

If the Applicant encountered problems on any of the referenced Awards, it may provide a short explanation and the corrective action taken. The applicant should not provide general information on its performance. USAID reserves the right to obtain relevant information concerning an Applicant's history of performance from any sources and may consider such information in its review of the Applicant's risk. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

Applicants should use the format provided in Appendix #6: Past Performance Information of the NOFO to document the detailed information as requested. The completed forms should be included in the annex.

j) Branding Strategy & Marking Plan

Branding
Standard USAID branding and marking will apply to this activity. Branding and marking requirements for cooperative agreements are explained in 22 CFR 226. In accordance with the requirements discussed in 22 CFR 226 and ADS320, implementing partners will acknowledge USAID as HSD donor both verbally and in writing in all HSD documents and media, as well as during meetings, public events and technical assistance sessions with government stakeholders, local partners, and beneficiaries.

Activities under RISE must refer to themselves as part of the Resilience in the Sahel Enhanced program in all written and official HSD materials and products. This includes radio and TV spots, billboards and other signage, and documents/materials used for any of the following audiences:

- Host country national, regional and local government officials
- Regional and international donors and/or organizations
- HSD participants/beneficiaries
- USAID staff (in host nation countries, regional offices, and Washington DC)
- Local and international media
- American public

Acknowledgement that HSD is part of the Resilience in the Sahel Enhanced program should include the following language:

The (HSD Name) is part of USAID's Resilience in the Sahel Enhanced program, which supports vulnerable communities in Burkina Faso and Niger to effectively prepare for and manage recurrent crises and pursue sustainable pathways out of poverty.

HSD naming
Activities under USAID's Resilience in the Sahel Enhanced (RISE) program should be named in a manner that will help all audiences understand the purpose of our work. HSD names should be clear, concise, and represent the work of USAID. All RISE activities will follow USAID naming guidance, as noted in the USAID Graphic Standards Manual and Partner Co-Branding Guide. Specifically, RISE activities should adhere to the following guidelines:

- HSD names should include a basic description of the project in simple language. Activities should use local language names when possible, or in French where a local language name is not feasible
- HSD names should not include abbreviations or acronyms
- HSD names may include USAID in the name, if appropriate

Branding Strategy
After technical evaluation of applications for USAID funding, USAID Agreement Officers will request Apparently Successful Applicants to submit a Branding Strategy, defined in 22 CFR 226.2. The proposed Branding Strategy will not be evaluated competitively. The Agreement Officer shall review for adequacy the proposed Branding Strategy, and will negotiate, approve and include the Branding Strategy in the award. Failure to submit or negotiate a Branding Strategy within the time specified by the Agreement Officer will make the Apparent Successful Applicant ineligible for award.

Marking Plan
After technical evaluation of applications for USAID funding, USAID Agreement Officers will request Apparently Successful Applicants to submit a Marking Plan, defined in 22 CFR 226.2. The Marking Plan may include requests for approval of Presumptive Exceptions. All estimated costs associated with branding and marking USAID programs, such as plaques, labels, banners, press events, promotional materials, and the like, must be included in the total cost estimate of the grant or cooperative agreement or other assistance award, and are subject to revision and negotiation with the Agreement Officer upon submission of the Marking Plan. The Marking Plan will not be evaluated competitively. The Agreement Officer shall review for adequacy the proposed Marking Plan, and will negotiate, approve and include the Marking Plan in the award. Failure to submit or negotiate a Marking Plan within the time specified by the Agreement Officer will make the Apparently Successful Applicant ineligible for award.

Required communications materials
In addition to a Branding Strategy and Marking Plan, Awardees will be required to submit the following communications materials on a timeline specified by USAID, using guidance explained in *USAID's Graphic Standards Manual and Partner Co-Branding Guide and on www.usaid.gov/branding*. As stated above, all written and/or official communications materials will acknowledge the activity's role in the wider USAID Resilience in the Sahel Enhanced program.

A. Within 2 weeks of the award:
   1. Press release - announcement of the award - with feedback from USAID/DOC

B. Within 60 days of the award:
   1. A Communications Strategy submitted and completed with feedback from USAID/DOC and revised annually as program matures
   2. Activity Fact Sheet completed with feedback from USAID, which will be updated annually

C. Bi-weekly Updates will include:
   1. Links to media coverage of program and activities
   2. Content for social media, with text and captions for photos
   3. Forecast press events, social media coverage and communication products (newsletter, video, etc.).
   4. Event plans (in coordination with the USAID/DOC), with social media tool kit.
   5. Post-event write up and social media analysis with photos

D. Quarterly Reports will include:
   1. Two Transforming Lives stories submitted with photos (Transforming Lives stories could be submitted also at any time) to be edited with USAID/DOC feedback
   2. A pool of selected high-resolution photos showcasing program milestones and beneficiaries (all photos with identifiable people will have consent forms signed and submitted to USAID).

E. Biannual communications products:
   2. One video (max. 4 minutes) submitted with full involvement of the USAID/DOC – including strategizing, storyboarding, script and captions.
   3. Large press event at milestone activities with full involvement of the USAID/DOC.

RISE communication strategy
HSD will be expected to contribute to and participate in the implementation of a RISE communication strategy developed jointly with USAID and other RISE partners.

k) Funding Restrictions
Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.330 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

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

Except as may be specifically approved in advance by the AO, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in Section B.4 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

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

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

2. Review and Selection Process

USAID intends to award two (2) Cooperative Agreements from this NOFO. However, USAID reserves the right to make more than two awards or no award if determined to be in the best interest of the Government. Each application submitted compliant with the terms of this NOFO will be reviewed according to the process set forth below.

Committee members will examine the logic, feasibility and appropriateness of the technical approach, including responsiveness to cross-cutting themes, indicators and anticipated development results or impacts; quality and availability of personnel in response to stated qualifications or requirements; and several institutional factors.

After evaluations have been completed, the Agreement Officer (AO), considering the SC review and the cost evaluation, will then make the final selection. USAID may engage in discussions or negotiations with the Apparently Successful Applicant regarding any matter to be covered in the final technical and cost application. USAID may also award without further discussions with the selected Applicant.

a) Merit Review

USAID will conduct a merit review, using adjectival ratings, of all Applications received that comply with the instructions in this NOFO. Applications will be reviewed and evaluated in accordance with the following criteria shown in descending order of importance.

Evaluation Criteria #1: Technical Approach

The extent to which the Applicant's proposed technical approach (including: development context, core principals, implementation strategy, proposed activities, six-month refinement work plan, case studies, cross-cutting issues (RISES II cross cutting results) and performance management plan) represents a collaborative, strategic, convincing, sound, realistic and sustainable approach to achieve the objectives and results specified in the Program Description.

Evaluation Criteria #2: Management and Institutional Capability

The extent to which the management and staffing approach convincingly demonstrate achievement of the objectives and results described in the activity description including but not limited to (1) proposed personnel have the requisite skill set; (2) team composition/staffing plan and organizational structure of the program; (3) local capacity implementation responsibility (4) the mechanisms by which coordination and knowledge flow across the structure are assured; (5) the staffing pattern and management structure support efficient and effective integration; and (6) extent to which the applicant and sub-grantees have demonstrated experience and organizational capacity to achieve the project goal and expected results.

a) Business Review

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

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

Proposed cost share, if provided, will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

The AO will perform a risk assessment (2 CFR 200.205). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective recipient has the necessary organizational, experience, accounting and operational controls, financial resources, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with “specific conditions” (2 CFR 200.207).

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

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

2. Administrative & National Policy Requirements

The resulting award from this NOFO will be administered in accordance with the following policies and regulations.

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

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

These documents may be accessed through the internet as follows:

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

- 2 CFR 700: https://www.ecfr.gov/cgi-bin/text-idx?SID=531ffcc47b660d86ca8bbc5a64eed128&mc=true&node=pt2.1.700&rgn=div5

- ADS 303: https://www.usaid.gov/sites/default/files/documents/1868/303.pdf

- Standard Provisions for U.S., Nongovernmental Recipients: https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf

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

See Section H, **Appendix #2**, for a list of the Standard Provisions that will be applicable to awards resulting from this NOFO.

3. Reporting Requirements

- **Financial Reporting:**

The recipient shall account for expenditures for activities carried out to ensure funds are used for their intended purposes. Financial reports shall be in accordance with 2 CFR 200.327.

(a) Quarterly Report: The recipient will submit an SF 425, the Federal Financial Report, via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov) within 30 calendar days following the end of each quarter of the United States Government fiscal year. A copy of this form shall be simultaneously submitted to the Agreement Officer's Representative (AOR) and the USAID/Senegal Office of Financial Management.

(b) Final Report: The recipient will submit within 90 calendar days following the estimated completion date of this award the original and three (3) copies of the final Federal Financial Reports (SF-425) to: (a) USAID/Washington, M/CFO/CMP-LOC Unit; (b) the Agreement Officer, (c) Agreement Officer's Representative (AOR). The electronic version of the final SF 425 will be submitted to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov) in accordance with paragraph (a) above.

Electronic copies of the SF-425 can be found at:
http://www.whitehouse.gov/omb/grants/standard_forms/ff_report.pdf and
http://www.forms.gov/bgfPortal/docDetails.do?dId=15149

Line item instructions for completing the SF-425 can be found at:
http://www.whitehouse.gov/omb/grants/standard_forms/ffr_instructions.pdf.

- **Technical Reporting**

The successful Applicant will provide the following reports to the USAID Agreement Officer's Representative (AOR) and the Agreement Officer, as specified below, in accordance with 2 CFR 220.327 and 220.328. **Note: The formats of quarterly, annual, and final reports may vary or change as will be determined by USAID in consultation with successful applicants after the award is made.**

A. Quarterly Reports

The recipient should submit quarterly reports at the end of each calendar quarter within thirty (30) calendar days following the end of the quarter (i.e. January 30, April 30, July 30, and October 30), limited to ten (10) pages, not including annexes. The report should include the following components:

- Bulleted list of achievements in the past quarter (1 page)
- Description of work performed in the past quarter to include identified best practices and lessons learned (4-5 pages)
- Description of collaborative activities with other USAID implementing partners (1-2 pages)
- Description of key problems or issues encountered, how they were or will be resolved, and, as needed, recommended USAID interventions to facilitate their timely resolution (1-2 pages)
- Bulleted list of planned activities for the next quarter to include dates and locations of major events and meetings (1-2 pages)

In addition, the following are required Annexes for the quarterly reports:

- Annex 1: Table of indicators showing progress made during the quarter, cumulative results for the fiscal year, and cumulative results for the life of activity set against targets. A color scheme for this table should be utilized that highlights, in red, indicators not met or in danger of not being met and green for indicators that are being met. Provide explanations for targets exceeded and targets unmet.

- Annex 2: Provide one-two success stories with relevant high resolution photos. Stories should highlight the high level impact and/or scalability of the activity's successes. If a story could not be done during the reporting period, an explanation should be provided. (1 page per story)

B. Annual Report

The recipient should submit an annual report limited to thirty (30) pages, not including annexes. The annual report should contain the same components, including annexes, as the quarterly reports as described above and be submitted within ninety (90) calendar days following the end of the reporting period. For all indicator results that either exceed or fall short of the annual target by ten (10)% or more, a narrative explanation must be included in the reporting. The recipient should highlight in green all indicators that exceeded targets and highlight in red indicators that fell short (red) of their targets. The annual report can also double as the quarterly report for the final quarter of the reporting period.

C. Final Report

The recipient should submit a Final Performance Report within ninety (90) calendar days after the completion date of activities. The final performance report must be completed in English and be submitted to the AOR and the Agreement Officer.

The report should minimally include:

- Executive Summary outlining award accomplishments, results, and conclusions as well as recommendations for future assistance;
- Overall description of activities conducted during the life of the Award;
- Assessment of progress towards Award objectives along with description of results;
- Description of collaborative activities with other USAID implementing partners;
- Description of programmatic impact and sustainability;
- Description of lessons learned and best practices; and
- Recommendations for future USAID programming.

In addition, a comprehensive property inventory list is required ninety (90) days in advance of award completion.

Development Experience Clearinghouse (DEC) Requirements

USAID recipients are required to comply with the submission requirements for the Development Experience Clearance (http://dec.usaid.gov) pursuant to the Standard Provision entitled "Submissions to the Development Experience Clearinghouse and Publications (June 2012)."

In addition, the recipient must submit one electronic copy of development experience documentation to the AOR.

D. Geographic Information System (GIS) data

USAID is required to make nonproprietary geospatial data available to the public. Data must be consistent with US Federal Geographic Data Committee (FGDC) level 1 metadata standards. USAID is in the process of developing standards and protocols for geospatial-related activities with mapping specialists for RISE. The Implementer will be provided a copy of these standards once they are developed and will be required to abide by them. Implementers are expected to work in collaboration with these USAID hired mapping specialists and ensure that they have mapping capabilities within activity staff or procured through consultants.

All spatial and geographic information system activities financed by USG federal funds must comply with:

a. OMB Circular A-16, Executive Order 12906;
b. Automated Directives System (ADS) 507 (Freedom of Information Act);
c. ADS 551 (Data Administration); and
d. ADS 557 (Public Information).

Therefore, the Implementer must submit to USAID the following one (1) year after the start date of the award and on October 30 of each subsequent year:

a. Digital spatial data according to Federal Geographic Data Committee (FGDC) Level 1 metadata standards capturing GIS at the regional, administrative, commune, and village level for their zones of intervention;
b. Digital copies of spatial data with accompanying metadata; and
c. Make spatial data available to the public at the cost of reproduction.

E. Short-Term Consultant and Technical Reports

USAID expects regular updates from the Implementer with respect to each short-term consultancy procured under this award. Upon completion of the services of each short-term consultant, the Implementer must submit a short report to the AOR summarizing the activities, deliverables, and recommendations of the consultant no later than 21 calendar days after the completion of the consultancy. This can be either in written or verbal form as determined by the AOR. In addition, the Implementer shall provide copies of all technical reports including analyses, policy recommendations, comparative studies, etc. to the AOR once these are developed. At the time of procuring consultants or technical assistance providers, the

Implementer should consult with USAID regarding the need for French-language translations of any deliverables.

F. **Close-out Plan**

Six months prior to the completion date of the Cooperative Agreement, the Recipient shall submit a Close-out Plan to the Agreement Officer and AOR. The close-out plan shall include, at a minimum, an illustrative Property Disposition plan; a plan for phase out of in-country operations; a delivery schedule for all reports or other deliverables required under the Agreement; and a timeline for completing all required actions in the Plan.

4. Environmental Compliance and Climate Risk Management

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

In addition, the recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. USAID may in addition require environmental reviews or mitigation measures that go beyond those required under local law.

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

A Programmatic Initial Environmental Examination (PIEE) has been approved for the RISE II project to which this Cooperative Agreement (CA) contributes. The PIEE can be found in the Environmental Compliance Database at https://ecd.usaid.gov/document.php?doc_id=51010. Prior to award, USAID will approve the Supplemental IEE specific to HSD and also make it publicly available in the same database. The PIEE covers activities expected to be implemented under this CA. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this award.

As part of their initial Work Plan, and all Annual Work Plans thereafter, the recipients, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this CA to determine if they are within the scope of the approved Regulation 216 environmental documentation.

If the recipients plan 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.

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

The recipients shall integrate a completed EMMP or M&M Plan into their initial work plan and integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to HSD implementation in order to minimize adverse impacts to the environment.

SUMMARY OF REPORTS/DELIVERABLES

Report	Due Dates	Submission Requirements
Annual Workplan Part I (first 6 months)	Submit with the technical application	submit electronically with technical application
Revised Program Description and/or budget (as needed)	May optionally submit as a result of the refinement period five months after award. This may result in an Award modification.	submit electronically to AOR and AO
Annual Workplan Part II (second 6 months)	Submit within 5 months after award	submit electronically to AOR

Shock Response Contingency Plan	Submit within 5 months after award	Submit electronically to AOR
Annual Workplan (subsequent years)	Draft due by September 1st, and final due by October 30th	submit electronically to AOR
AMELP	Submit draft with technical application, and final is due within 5 months after award	submit draft electronically with technical application, and final to AOR.
Branding Strategy and Marking Plan (BSMP)	• Apparently successful applicant to submit BSMP before award. • Within 2 weeks of the award: 1. Press release - announcement of the award - with feedback from USAID/DOC. Within 60 days of the award: 1. An activity communications strategy submitted and completed with feedback from USAID/DOC and revised annually as program matures. 2. Activity Fact Sheet completed with feedback from USAID, which will be updated annually.	Submit BSMP electronically as required by Agreement Officer, and subsequent documents to AOR.
Short-Term Consultant and Technical Reports	• 21 calendar days after the completion of the consultancy • When completed, submit copies of all technical reports including analyses, policy recommendations, comparative studies, etc.	submit electronically to AOR

Geographic Information System (GIS) data	Submit to USAID the following one (1) year after the start date of the award and on October 30th of each subsequent year: • Digital spatial data according to Federal Geographic Data Committee (FGDC) Level 1 metadata standards capturing GIS at the regional, administrative, commune, and village level for their zones of intervention; • Digital copies of spatial data with accompanying metadata; and • Make spatial data available to the public at the cost of reproduction.	submit electronically to AOR
Quarterly reports (both financial and programmatic)	• 30 days After the end of the reporting period	submit programmatic report electronically to AOR, and submit SF 425 to the Department of Health and Human Services, with a copy to AOR and OFM
Annual report	To be submitted within ninety (90) calendar days following the end of the reporting period.	submit electronically to AOR
Closeout Plan	To be submitted 180-days prior to completion period	submit electronically to AOR, and AO
Final report	1. 90 days after completion date 2. Comply with DEC submission requirement, and submit a copy to Agreement Officer and AOR	submit a copy electronically to AOR, and follow DEC guidance to upload report.

5. Other Requirements NA.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

The point of contacts for this NOFO and for any questions during the NOFO process is:

See Section D.1

[END OF SECTION G]

SECTION H: OTHER INFORMATION

1. Other Information:

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

Applications with Proprietary Data

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

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

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

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

2. List of Appendices

a) Appendix #1: Illustrative Budget Template (Attached Excel File)
b) Appendix #2: Standard Provisions
c) Appendix #3: Abbreviations and Acronyms
d) Appendix #4: SAM Quick Start Guide For New Foreign Registration
e) Appendix #5: SAM Quick Start Guide For New Grantee Registration
f) Appendix #6: Past Performance Information

3. List of Annexes

I. Annex #I: RISE II results framework
II. Annex #2: Illustrative maternal and child health, family planning and nutrition indicators
III. Annex #3: Breakthrough-ACTION draft scope of work

[END OF SECTION H]

APPENDICES

APPENDIX #1 - SUMMARY BUDGET TEMPLATE

An Illustrative Budget Template (Excel File) is attached to this NOFO.

APPENDIX #2 - STANDARD PROVISIONS

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

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

Required	Not Required	Standard Provision
TBD		RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (DECEMBER 2014)
		RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (DECEMBER 2014)
		RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (Profit) (DECEMBER 2014)
Yes		RAA4. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
Yes		RAA5. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	No	RAA6. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
	No	RAA7. CARE OF LABORATORY ANIMALS (MARCH 2004)
	No	RAA8. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)
	No	RAA9. COST SHARING (MATCHING) (FEBRUARY 2012)
Yes		RAA10. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
	No	RAA11. INVESTMENT PROMOTION (NOVEMBER 2003)
Yes		RAA12. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2014)
Yes		RAA13. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	No	RAA14. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	No	RAA15. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	No	RAA16. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
Yes		RAA17. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)
Yes		RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	No	RAA19. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	No	RAA20. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)

	No	RAA21. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
Yes		RAA22. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
Yes		RAA23. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
	No	RAA24. PATENT REPORTING PROCEDURES (DECEMBER 2014)
	No	RAA25. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
Yes		RAA26. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
Yes		RAA27. AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
Yes		RAA28. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

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

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (DECEMBER 2014)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (DECEMBER 2014)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
Yes		RAA5. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
Yes		RAA6. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
Yes		RAA7. SUBAWARDS (DECEMBER 2014)
Yes		RAA8. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
Yes		RAA9. OCEAN SHIPMENT OF GOODS (JUNE 2012)
Yes		RAA10. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
Yes		RAA11. PATENT RIGHTS (JUNE 2012)
Yes		RAA12. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
	No	RAA13. INVESTMENT PROMOTION (NOVEMBER 2003)
	No	RAA 14. COST SHARE (JUNE 2012)
	No	RAA15. PROGRAM INCOME (DECEMBER 2014)
Yes		RAA16. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
Yes		RAA17. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	No	RAA18. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	No	RAA19. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)

	No	RAA20. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	No	RAA21. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
Yes		RAA22. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	No	RAA23. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	No	RAA24. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	No	RAA25. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
	No	RAA26. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
Yes		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
Yes		RAA28. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
Yes		RAA29. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

APPENDIX #3 - ABBREVIATIONS AND ACRONYMS

Activity Monitoring, Evaluation and Learning Plan	AMELP
Agent Santé à Base Communautaire	ASBC
Agreement Officer	AO
Agreement Officer's Representative	AOR
Automated Directives System	ADS
Centre Médical	CM
Centre de Santé Intégré,	CSI
Centre de Santé et de Promotion Sociale	CSPS
Chief of Party	COP
Collaboration, Learning and Adapting	CLA
Civil Society Organization	CSO
Code of Federal Regulations	CFR
Contraceptive Prevalence Rate	CPR
Countering Violent Extremism	CVE
Deputy Chief of Party	DCOP
District Health Information System 2	DHIS2
Development Objective	DO
Development Food and Nutrition Security Activities	DFSA
Food for Peace	FFP
Gender-based violence	GBV
Global Fund to Fight AIDS, Tuberculosis, and Malaria	GFATM
Global Financing Facility	GFF
Global Food Security Strategy	GFSS
Government of Burkina Faso	GoBF
Government of Niger	GoN
Health Services Delivery	HSD
Implementing Partner	IP
Initial Environmental Examination	IEE
Integrated community case management	ICCM
Integrated management of neonatal and child illness	IMNCI
Intermittent preventive therapy	IPT
Long-lasting insecticide treated bed nets	LLIN
Ministry of Health	MOH
Monitoring and Evaluation	M&E
Non-Governmental Organization	NGO
Notice of Funding Opportunity	NOFO
Public International Organization	PIO
Resilience in the Sahel Enhanced II	RISE II
Request for Applications	RFA
Sahel Development Partnership	SDP
Sahel Resilience Learning Activity	SAREL
Sahel Regional Office	SRO
Sustainable Development Goals	SDGs
United Nations	UN

United States Government	USG
Violent Extremist Organizations	VEO
Water, sanitation, and hygiene	WASH
World Health Organization	WHO

APPENDIX #4 - SAM QUICK START GUIDE FOR NEW FOREIGN REGISTRATION

SAM
SYSTEM FOR AWARD MANAGEMENT

Quick Start Guide For New Foreign Registrations

Helpful Information

SAM is the official **free, government-operated website** – there is NO charge to register or maintain your entity registration record in SAM.

What is an Entity?

In SAM, your company / business / organization is referred to as an "Entity." You register your entity to do business with the U.S. Federal government by completing the registration process in SAM.

What do I need to get started?

1. **DUNS Number:** You need a Data Universal Numbering System (DUNS) number to register your entity in SAM. DUNS numbers are unique for each physical location you want to register.
2. **NATO Commercial and Government Entity (NCAGE) Code:** Foreign entities must obtain a NCAGE code for each DUNS number they plan to register in SAM before you start the registration process.

How do I get a DUNS number?

If you do not have one, you can request a DUNS number for **free** to do business with the U.S. Federal government by visiting Dun & Bradstreet (D&B) at http://fedgov.dnb.com/webform

It takes up to 5 business days to obtain an international DUNS number.

How do I get an NCAGE code?

For instructions on obtaining a NCAGE, visit: http://www.dlis.dla.mil/Forms/Form_AC135.asp Make sure the name and address information you provide to get your NCAGE code is the same as what you used to get your DUNS number. It takes up to 3 business days to obtain a NCAGE code.

What about a Taxpayer Identification Number (TIN)?

You only need a TIN if your entity pays U.S. taxes. If you are a foreign entity that does not pay taxes in the U.S., do not enter a number in the TIN field during registration.

Steps for Registering

1. Type www.sam.gov in your Internet browser address bar.
2. Create a SAM Individual User Account (be sure to validate your e-mail address to activate the user account), then Login.
3. Select "Register New Entity" under "Register/Update Entity" on your "My SAM" page.
4. Select your type of Entity, most likely "Business or Organization." Definitions are in the Content Glossary on the right side of the page.
5. Tell the system why you are registering in SAM. This determines what information you have to provide.
   - Are you interested in bidding on Federal contracts? If you say "Yes," you will complete all four sections in SAM.
   - Are you just interested in becoming eligible to apply for grants or other Federal financial assistance? If you say "No" to the contracts question and "Yes" to the grants question, you will only have to complete the grant-related information.

6. Complete your registration. On each page, required information that you must provide has a red asterisk (*) next to the name of the field. Here are a few helpful hints:
   - On the Business Information page, you will create a Marketing Partner Identification Number (MPIN). Write your MPIN down. It is used as a password in other government systems.
   - If you do not pay U.S. taxes, do not enter a TIN or select a TIN type. Leave those fields blank.
   - Only use the NCAGE code you got for your DUNS number. Remember, the name and address information must match on the DUNS and NCAGE records.
   - Make sure to select "Foreign Owned and Located" on the General Information page.
   - As a foreign entity, you do not need to provide Electronic Funds Transfer (EFT) banking information on the Financial Information page. If you do choose to provide this electronic banking information, it must be for a U.S. bank: SAM cannot accept foreign banking information. The remittance name and address are the only mandatory information for you on this page.
   - In the "Points of Contact" section, list the names of people in your organization who know about this registration in SAM and why you want to do business with the U.S. Federal government. These are called "Points of Contact" or POCs.

7. Make sure to hit [Submit] after your final review. You will get a *Congratulations* message on the screen. If you do not see this message, you did not submit your registration. What happens next?
   - Once approved by the IRS (if you entered a TIN) and the Commercial and Government Entity (CAGE) system, you will get an email from SAM.gov when your entity registration is active.

Please give yourself plenty of time before your contract or grant application deadline. Allow up to 10 business days after you submit before your registration is active in SAM, then an additional 24 hours for other systems such as Grants.gov to recognize your information.

For help registering in SAM, contact the supporting Federal Service Desk (FSD) at https://www.fsd.gov/

IAE

APPENDIX #5 - SAM QUICK START GUIDE FOR NEW GRANTEE REGISTRATION

SAM
SYSTEM FOR AWARD MANAGEMENT

Quick Start Guide For New Grantee Registration

Helpful Information

What is an Entity?
In SAM, your company / business / organization is referred to as an "Entity." You register your entity to do business with the U.S. Federal government by completing the registration process in SAM.

SAM is the official **free, government-operated website** – there is NO charge to register or maintain your entity registration record in SAM.

What do I need to get started?

DUNS Number
You need a Data Universal Numbering System (DUNS) number to register your entity in SAM. DUNS numbers are unique for each physical location you are registering.

If you do not have one, you can request a DUNS number for **free** to do business with the U.S. Federal government by visiting Dun & Bradstreet (D&B) at http://fedgov.dnb.com/webform
It takes no more than 1-2 business days to obtain a DUNS number.

Taxpayer Identification Number
You need your entity's Taxpayer ID Number (TIN) and taxpayer name (as it appears on your most recent tax return). Foreign entities that do not pay employees within the U.S. do not need to provide a TIN. Your TIN is usually your Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

Sole proprietors may use their Social Security Number (SSN) assigned by the Social Security Administration (SSA) as their TIN, but are strongly encouraged to obtain a free EIN from the IRS by visiting: http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/How-to-Apply-for-an-EIN
Allow approximately two weeks before your new EIN is ready for use when registering in SAM.

Steps for Registering

1. Type www.sam.gov in your Internet browser address bar.
2. Create a SAM Individual User Account (be sure to validate your e-mail address), then Login.
3. Select "Register New Entity" under "Register/Update Entity" on your "My SAM" page.
4. Select your type of Entity. Definitions are in the Glossary to the right.
5. If you are registering in SAM.gov so you can apply for a Federal financial assistance opportunity on Grants.gov, and are not interested in pursuing Federal contracts, you will have a much shorter registration path. To chose this "grants only" path:
   - Select "No" to "Do you wish to bid on contracts?"
   - Select "Yes" to "Do you want to be eligible for grants and other federal assistance?"
6. Complete the "Core Data" pages:
   - Validate your DUNS information.
   - Enter Business Information (TIN, etc.) This page is also where you create your Marketing Partner Identification Number (MPIN). Write the MPIN down as it will serve as a password for you in other government systems. You will need it for your Grants.gov registration.
   - Enter your CAGE code if you have one, but remember, CAGE codes are tied to DUNS numbers and cannot be reused. Don't worry if you don't have a CAGE code for the DUNS number you are registering: one will be assigned to you after your registration is submitted. Foreign registrants must enter their NCAGE code before proceeding.
   - Enter General Information (business types, organization structure, etc.) about your entity.
   - Provide your entity's Financial Information, i.e. U.S. bank Electronic Funds Transfer (EFT) information for Federal government payment purposes. Foreign entities do not need to provide EFT information.
   - Answer the Executive Compensation questions.
   - Answer the Proceedings Details questions.
7. Complete the "Points of Contact" pages:
   - Your Electronic Business POC is integral to your Grants.gov registration and application process. Your Government POC will be used by other government systems, such as CAGE, when they contact you. List someone with direct knowledge of this registration for both of those POCs.
8. Make sure to hit [Submit] after your final review. You will get a *Congratulations* message on the screen. If you do not see this message, you have not submitted your registration.
   - There are two external validation steps, one with the IRS and another with CAGE, after you submit. You will receive an email from SAM.gov when your registration is active.

Please give yourself plenty of time before your grant application submission deadline. Allow up to 7-10 business days after you submit before your registration is active in SAM, then an additional 24 hours for Grants.gov to recognize your information.

For help registering in SAM, contact the supporting Federal Service Desk (FSD) at https://www.fsd.gov/

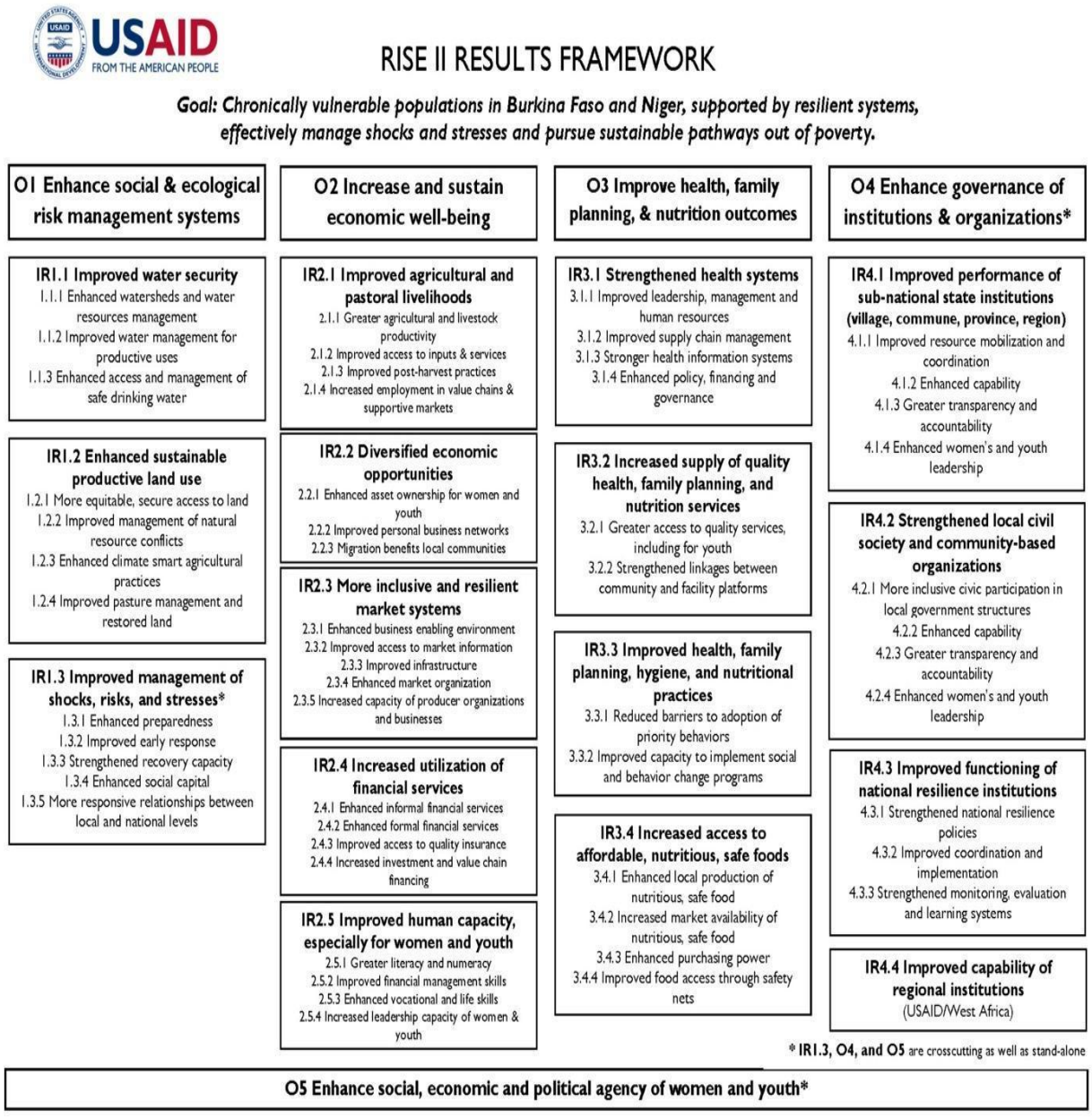
IAE

APPENDIX #6: PAST PERFORMANCE INFORMATION

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):**

[END OF APPENDICES]

Annex #1: RISE II results framework



Annex #2: Illustrative maternal and child health, family planning and nutrition indicators

Maternal and Child Health:

- Number of women giving birth who received uterotonics in the third stage of labor (or immediately after birth) through USG-supported programs
- Number of newborns not breathing at birth who were resuscitated in USG-supported programs
- Number of cases of child diarrhea treated in USG-assisted programs
- Estimated potential beneficiary population for maternal and child survival program, disaggregated by pregnant women (estimated number of live births) and children under five
- Number of newborns who received postnatal care within two days of childbirth in USG-supported programs
- Number of cases of childhood pneumonia treated in USG-assisted programs

Family Planning:

- Couple Years Protection in USG supported programs
- Percent of USG-assisted service delivery sites providing family planning (FP) counseling and/or services
- Average stock out rate of contraceptive commodities at Family Planning (FP) service delivery points
- Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message
- Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services during the year

Nutrition:

- Number of children under five (0-59 months) reached with nutrition-specific interventions through USG-supported programs
- Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs
- Number of pregnant women reached with nutrition-specific interventions through USG-supported programs
- Number of individuals receiving nutrition-related professional training through USG-supported programs

Annex #3: Breakthrough-ACTION draft scope of work

Breakthrough- ACTION/RISE
Period of Performance July 2018 – July 2022

I. Background

Regional Context

The countries of the Sahel are characterized by chronic food insecurity, persistent poverty, corrupt governance, high population growth rates, and recurrent climate shocks, which together may drive vulnerable communities into crisis, conflict, and violent extremism. USAID has formulated a regional approach, the Resilience in the Sahel Enhanced (RISE) initiative, designed to address these intertwined development challenges. RISE is premised upon strategic layering and sequencing of health and development activities and life-saving humanitarian assistance, together with complementary efforts to reduce vulnerability to conflict and extremism. The RISE I program was conceived in 2012 as a response to a historical pattern of severe droughts in Burkina Faso and Niger, and included support to preexisting USAID/Food for Peace Development Food Assistance Program (DFAP) mechanisms implemented by Catholic Relief Services, Mercy Corps, Save the Children, and ACDI/VOCA, as well as USAID/Sahel's Regis-ER, Regis-AG, and SAREL mechanisms. USAID is currently designing a series of new activities to continue the work undertaken through RISE I, here referred to as RISE II.

USAID and the wider development community recognize that a pattern of repeated crises over decades has occurred in Burkina Faso and Niger because local populations lack the means to manage the risks they face and recover when a shock occurs. Their vulnerability is multidimensional, encompassing poor health and nutrition status; extreme poverty; illiteracy; extended annual lean seasons; indebtedness; gender inequality; degraded natural resources and low agricultural productivity; and governance failures. Shocks and stressors in the Sahel will become even more severe in the future. Climate projections indicate that rainfall will become more intense, unpredictable, and infrequent; that changes to global weather patterns will have large impacts on the frequency and intensity of major droughts; and that average temperatures in the region will increase. The effects of these environmental changes are compounded by rapid population growth, a youth bulge, and increased conflict and instability.

In the absence of a sustained and coordinated effort to address the underlying causes of chronic vulnerability and to build resilience in the face of shocks and stressors, health outcomes in the Sahel remain poor even in non-crisis years. Burkina Faso and Niger are among the countries with the highest fertility and lowest contraceptive prevalence rates in the world. The total fertility rate is 6 in Burkina Faso, and nearly a quarter of women of reproductive age have unmet need for family planning.[1] In Niger, the total fertility rate is 6 and 16.6% of women have unmet need for family planning, underlining the need for both supply- and demand-side interventions.[2] Sub-optimal timing and spacing of pregnancy contributes to high rates of maternal mortality in both countries; in Niger, in particular, the combination of early childbearing; extremely high parity; and pregnancy at advanced maternal age pose deep-seated public health challenges. Child health and nutrition outcomes are similarly poor. In Burkina Faso, 15.5% of children are wasted, and

34.6% are stunted, while in Niger, 15.3% of children are wasted and 45.4% stunted. Mortality of children under five is high in both Burkina Faso and in Niger (129 and 95 per 1,000 live births, respectively).[3]

SBC Landscape

The SBC landscapes of Burkina Faso and Niger differ significantly, with clear variation in both systems-level capacity and reach, quality, and impact of programming. Anecdotal evidence suggests that capacity to design, implement, evaluate or coordinate effective SBC is limited in Niger; lack of leadership and funding within the public sector, together with limited access to global best practices, appear to have impeded the evolution and impact of demand-side activities. Niger's Ministry of Health has developed national SBC strategies for maternal and child health, immunization, and malaria with the support of various donors in recent years, but has not fully operationalized them. A *National Communication Strategy for SBC to Promote Demographic Transition* funded through the SWEDD initiative in 2017 was produced despite failure to secure formal clearance across engaged Ministries; activities described in this strategy have not been implemented to any meaningful extent. In contrast, Burkina Faso's Ministry of Health has historically provided active leadership of SBC efforts in-country. Given the recent introduction of the Ministry's "transformational vision" and related reorganization, however, it is unclear how the Ministry's priorities and engagement may shift in the near term. The Ministry recently developed a health sector-wide SBC strategy, but it has not yet been operationalized.

Development donors and implementing partners have long been active in health promotion and SBC in the Sahel. USAID/Food for Peace (FFP) Development Food Security Activity (DFSA) partners, the World Food Program (WFP) and UNICEF, in particular, have engaged extensively in behavior-centered programming for nutrition and other aspects of maternal and child health, with special emphasis on community mobilization and engagement approaches. Given the limited reach of television outside urban areas, mass media-based SBC programming in Burkina Faso and Niger is largely limited to radio. Many programs also include community care groups and other community engagement approaches and advocacy with husbands, traditional leaders, and religious leaders. The utility of print materials is limited both by challenges of distribution and stocking, and by low literacy levels among priority audiences. In recent years, both development partners and (in Burkina Faso) the government have begun to explore newer SBC channels, including community video and social media, with some apparent success. An SBC landscaping conducted by the SPRING project in 2014 indicated that both countries "[had] a large number of nutrition- and hygiene-related SBCC print, radio, video, and other materials, many of which [required] adaptation and updating." A large proportion of these resources appeared to focus primarily on awareness-raising, and fail to sufficiently address audience-specific determinants of behaviors of interest, including social and gender norms pertaining to reproductive intention, family formation, and women's decision-making.[4] In Burkina Faso, the Ministry of Health intends to systematically review and standardize or streamline these resources as part of its broader efforts to improve the quality of primary healthcare.

II. Summary Program Description

USAID/Sahel intends to invest $3-4M/year in Breakthrough-ACTION over four years, to achieve improved health, family planning, and nutrition outcomes among populations in select regions of

Burkina Faso and Niger. The resulting program will comprise an important element of RISE II, a new suite of USAID development and humanitarian assistance projects and activities to be managed collectively by USAID/Sahel, USAID/Food for Peace, USAID/West Africa, and the USAID field offices in Burkina Faso and Niger. RISE II will also include forthcoming health service delivery and development food security (DFSA) activities managed by USAID/Sahel and USAID/Food for Peace, respectively.[5],[6]

It is anticipated that activities in Niger will comprise approximately 2/3 of the total project budget, with activities in Burkina Faso comprising the remaining 1/3.

Rationale for Mechanism

Many of the development challenges that prevail in the Sahel are driven in large part by behaviors pertaining to health and nutrition; sanitation; agriculture and other livelihoods; and civic engagement, and the underlying normative drivers of these behaviors. While USAID has long invested in demand-side activities to address these challenges, assessments of RISE I projects indicated that activities were fragmented and failed to consistently reflect proven practices in design and implementation. USAID/Sahel expects that investing in a single, specialized mechanism will shape and streamline SBC activities across RISE II, reducing redundancy and enhancing impact.

SBC Stakeholders

In order to achieve its objectives, Breakthrough-ACTION/RISE must collaborate closely with a range of stakeholders active in health programming in Burkina Faso and Niger. These include the Ministries of Health in both countries, including central units dedicated to health promotion and communication; national vertical programs; and regional, district, and commune authorities charged with health promotion and behavior change. All Breakthrough-ACTION activities must be designed and implemented in concert with the forthcoming USAID/Sahel Regional Office (SRO) service delivery, USAID/West Africa , DFSA and other USAID activities, with engagement of other USAID SBC and media development partners active in the region (including PSI, Development Media International, and Equal Access) on a regular basis. Non-USG donors and multilateral agencies active in the RISE II zones, such as the World Bank; the Global Fund for TB, HIV/AIDS, and Malaria; UNICEF; and UNFPA, comprise a third critical stakeholder group. Finally, local organizations active in behavioral programming, including indigenous SBC and social marketing organizations such as Animas Sutura (Niger) and Promaco (Burkina Faso); research firms; organizations specialized in gender or women's issues; and youth-serving organizations should be considered as subcontractors and/or capacity strengthening partners.

Pending the results of initial landscaping activities, private sector actors such as developers and vendors of pharmaceutical, sanitation, and agricultural products may also be engaged as stakeholders in the activities of Breakthrough-ACTION/RISE and other RISE II implementing partners.

Relationship to Mission Objectives and Investments

USAID's RISE II initiative seeks to ensure that chronically vulnerable populations in Burkina Faso and Niger, supported by resilient systems, effectively manage shocks and stresses and pursue sustainable pathways out of poverty. USAID expects that this goal will be achieved

through four complementary objectives: 1) Enhanced social and ecological risk management systems; 2) Increased and sustained economic well-being; 3) Improved health, family planning, and nutrition outcomes; and 4) Enhanced governance of institutions and organizations. Together with a forthcoming USAID/Sahel service delivery mechanism, Breakthrough-ACTION will contribute primarily to Objective 3 (Improved health, family planning, and nutrition outcomes); USAID DFSA, economic growth, and democracy and governance partners will collectively contribute to Outcomes 1-4.

Guiding Principles: RISE II

USAID/Sahel, like many USAID Missions, employs a collaboration, learning, and adaptation (CLA) approach to ensure the continued relevance and impact of its investments. Such a model is particularly relevant in the countries of the Sahel, given the dearth of available data and rapidly shifting socio-political environment. USAID and its partners will establish a joint learning agenda to ensure adaptive and comparable results. Across all activity IRs, Breakthrough-ACTION should collaborate with USAID and RISE II partners to agree on strategic approaches that support transparency; regular reflection and analysis; and **adaptation of strategies and tools to new information and changes in context**.

Breakthrough-ACTION activities should reflect the RISE initiative's emphasis upon **cross-sectoral integration,** as articulated in the RISE results framework and Technical Approach Working Paper. To the greatest extent possible, Breakthrough-ACTION should enable integration by working with other development partners to identify co-occurring behaviors; audiences that may be primed to adopt multiple health and development behaviors; and underlying norms influencing multiple behaviors. Assessments of RISE I suggest that closer integration between nutrition SBC activities implemented by DFSA partners and broader health and nutrition behavior change investments is an area of critical need, as well as focused integration between activities addressing nutrition and prevention of open defecation. USAID expects that Breakthrough-ACTION will build upon core-funded learning activities implemented by Breakthrough-RESEARCH in this area, including a forthcoming evaluation of integrated SBC programs and a review of behavioral typologies.

Reinforcement of gender equity and the effective engagement of women and youth offers transformative potential for Breakthrough-ACTION and other RISE II partners. In order to sustainably address the development challenges in the RISE zones, governments, implementing partners, and communities must work to understand, address, and (when appropriate) shift social norms to support adoption and practice of healthy behaviors. Deeply inequitable gender norms in Niger and Burkina Faso limit the ability of women, men, and couples to protect the health of their families and achieve economic security. Child, early, and forced marriage ("child marriage"), which remains prevalent in the RISE zones, contributes to long-term ill-health in women and children, which is compounded by norms supporting early childbearing and large family size. Social norms impeding couples' communication and shared decision-making further undermine the active participation of women in improving household well-being and the engagement of men in supporting health behaviors. Young people, and especially young women, may be marginalized, with access to resources and health services limited; given the tremendous youth bulge in Niger and Burkina Faso, this exclusion of young people from community decision-making and planning has far-reaching implications.[1] USAID expects that RISE II partners,

including Breakthrough-ACTION will employ approaches trialed in the region, as well as global best practices, to support the full engagement of women, men, and couples of all ages in community-led development solutions.

USAID recognizes that Breakthrough-ACTION and other RISE II partners will be pursuing a challenging goal in a difficult operational environment. Making progress toward this goal requires a **collaborative approach among development partners,** guided by the overarching RISE II results framework and operational principles. Breakthrough-ACTION will actively collaborate with other RISE II implementing partners, host country governments, community leaders, the private sector, civil society, USG agencies and partners, international agencies, and donors to collectively benefit chronically vulnerable populations. USAID expects that RISE II partners will engage with these stakeholders closely and proactively to ensure effective coverage and sequencing of activities; avoid duplication of efforts; and enable continued improvement of program quality. To this end, partners must prioritize collaborative planning and continued sharing of both program data and (as appropriate) resources through multi-partner working groups, nutrition and health cluster meetings, and the like.

This activity must contribute to the **three transformative outcomes of the RISE II program.** Breakthrough-ACTION's work plans must outline how it will contribute to these outcomes through its technical approach. This will require innovative programming that emphasizes local participation and ownership at all steps of SBC development, testing, and scaling, including emphasizing SBC tools and methodologies that contribute to these outcomes while achieving other behavioral goals. The RISE II transformative outcomes are:

- Enhanced community leadership of local development
- Enhanced social capital through strengthened ties of mutual assistance among people
- Enhanced capacity to learn and adapt among beneficiaries, local partners, and partner governments

Project Results Framework

The goal of Breakthrough-ACTION/RISE is improved health, family planning, and nutrition outcomes among those in the RISE II zones of Burkina Faso and Niger. The purpose is improved health; family planning; hygiene and community-led sanitation; and nutrition-related practices among priority populations in RISE II zones. The desired result is Improved scale, cost-efficiency, and impact of USAID-supported SBC investments in RISE II zones. All activities will support this result by contributing to one or both of Breakthrough-ACTION's two intermediate results (IRs):

IR 1: Reduced barriers to adoption of priority behaviors

IR 2: Improved capacity to implement social and behavior change programs

USAID/Sahel expects that Breakthrough-ACTION will propose an appropriate level of effort for each of its intermediate results based on the findings of initial scoping and landscaping activities.

Behavioral Objectives

Breakthrough-ACTION/RISE should maintain a clear focus on achieving measurable change in a manageable number of priority behaviors. In health, these behaviors will include those posited to offer the greatest impact upon health outcomes, such as the eighteen Preventing Child and Maternal Death (PCMD) "accelerator behaviors."[2] While priority behaviors may vary between the RISE II regions in Niger and Burkina, they should include a subset of the following:

- pregnant women attend the recommended number of antenatal care visits
- pregnant women attend a health facility for delivery
- caregivers provide essential newborn care immediately after birth
- mothers initiate breastfeeding within one hour after delivery
- mothers breastfeed exclusively for six months after birth
- caregivers provide adequate amounts of nutritious, age-appropriate foods to children from ages 6-24 months, while continuing to breastfeed[3]
- caregivers seek prompt and appropriate care for signs and symptoms of newborn illness
- caregivers seek full course of timely vaccinations for infants and children under two years
- caregivers seek prompt and appropriate treatment for children with signs of acute respiratory infection
- caregivers provide appropriate treatment for children with diarrhea at onset of symptoms
- providers integrate FP/RH messages in other counseling and health service delivery activities (ANC, immunization, nutrition)
- women or their partners use modern contraceptive methods to avoid pregnancy until age 18
- women or their partners use modern contraceptive methods to avoid pregnancy for at least 24 months after a live birth
- providers communicate the risks of pregnancy after age 34 and at parity 4 or higher to clients
- family members wash hands with soap at four critical times (after defecation, after changing diapers, before food preparation, and before eating)
- family members safely dispose of human feces
- family members drink safe water
- family members install and use a latrine

Priority behaviors should be identified in consultation with RISE II partners and country stakeholders using current data and based upon processes such as that piloted by the Accelerate project;[4] USAID expects that Breakthrough-ACTION will address one or more priority behaviors in each of its funding areas (maternal and child health, family planning, nutrition, and WASH).

In addition to the accelerator behaviors listed above, Breakthrough-ACTION may contribute to change in "gateway behaviors" that offer potential to impact outcomes in one or more health areas. Such behaviors include couples' communication; healthcare provider behavior(s) in counseling and treating clients; parent-child communication; and health information-seeking.

Breakthrough-ACTION should also seek to address underlying social norms and normative practices that constrain practice of key health behaviors, including high desired fertility among both women and men; women's decision-making power; men's limited health knowledge and participation in care-giving; girls' schooling; taboos around adolescent sex and sexuality; and interpersonal and sexual violence.

In future, Breakthrough-ACTION may be called upon to build upon its work with RISE II health sector partners and design or implement social and behavior change interventions in other sectors, including agriculture or democracy and governance. USAID expects that any such work will build directly upon prior Agency investments within the Sahel region, as well as USAID/Washington-supported **activities addressing cross-sectoral integration in demand-side programming.**

Geographic Coverage

Breakthrough-ACTION, like other RISE II partners, will implement activities in select areas of Niger and Burkina Faso. In Niger, the RISE II zone of influence encompasses the entire Maradi region and the Zinder region except the northernmost desert communes. In Burkina Faso, the zone of influence is a selected group of communes of the northern Centre Nord region. USAID/Sahel anticipates investing in livelihoods and governance activities in regions such as Tillaberi (Niger), Sahel, and Est (Burkina Faso); it is possible that Breakthrough-ACTION may implement limited activities in these regions. Breakthrough-ACTION activities will focus largely at the regional, district, and commune levels, providing support to DFSA and USAID/Sahel's forthcoming service delivery mechanism for design and implementation of activities at the community and facility levels. In addition, Breakthrough-ACTION and other RISE II health partners must work at the national level to inform policy and strengthen the capacity of government counterparts, critical to the long-term sustainability of USAID investments and the promotion of self-reliance.

Target Populations

Breakthrough-ACTION will seek to improve the health, family planning, hygiene, and nutrition-related behaviors by targeting specific activities to the following populations, or sub-groups therein:

- Women of reproductive age, with special focus on periods of pregnancy, post-partum, and lactation;
- Young people; with attention to the varied needs of audience segments such as very young adolescents; young married people, and first-time parents; and
- Children under five, with special focus on the first 1000 days and newborn period.

In addition to these primary audiences, Breakthrough-ACTION will directly address key sources of social influence, including husbands; parents/in-laws; religious and traditional leaders; and administrative authorities, to ensure an enabling environment for individual-level behavior change.

Activities will primarily target rural populations, while recognizing that rural-urban linkages are vital to the development of rural communities and well-being of rural families.

IR 1: Reduced barriers to adoption of priority behaviors
USAID increasingly recognizes the importance of aligning the efforts of its health partners around a limited number of priority behaviors. Building upon the model developed by the Accelerate project,[5] and in close collaboration with the Ministries of Health and other key development partners engaged in SBC, Breakthrough-ACTION should employ - and guide other USAID partners in employing - a defined process for 1) behavioral prioritization based on data, and 2) integration of priority behaviors across USAID-supported activities.

Breakthrough-ACTION should contribute to adoption and maintenance of positive behaviors by effectively reducing individual and social barriers to behavior change, while leveraging facilitators or incentives. While the determinants of many behaviors in the RISE II zones are poorly understood given lack of high-quality research, existing evidence suggests that limited knowledge; poor self-efficacy; inequitable gender norms and dynamics; and cost and quality of health and social services are important drivers of individual-level behavior. In all its work, Breakthrough-ACTION should employ a human-centered design process to explore barriers and facilitators to adoption of priority behaviors, and generate and trial a range of communication- and non-communication-based solutions based on audience insights.

Breakthrough-ACTION may design and implement "stand-alone" SBC interventions, or collaborate with other USAID partners to develop and produce activities and materials to be integrated within their existing programs. To the greatest extent possible, Breakthrough-ACTION should adapt, refine, or improve existing SBC resources available in Burkina Faso and Niger, building upon the work of behavior change-focused projects such as the RISE I DFAPs, SPRING, Phare, and Agir-PF, and considering the preferred resources of national governments in each country. Levels and modes of collaboration may vary between Breakthrough-ACTION and other USAID implementing partners; DFSA partners, in particular, may benefit from technical guidance regarding audience segmentation and targeting; identification of behavioral determinants; and messaging, but require the latitude to adapt strategic principles to local context in designing their activities.

Breakthrough-ACTION will develop, test, pilot, and demonstrate effective SBC approaches and tools within the RISE zone. This action research should be done such that other RISE partners are engaged in the design, may help to pilot and test approaches, and then scale up those which show the most promise. Testing and piloting may be done both in DFSA communes and in non-DFSA communes depending on partnerships developed with Breakthrough-ACTION. Testing and piloting should also be done in collaboration with USAID's service delivery mechanism. As appropriate and feasible, Breakthrough-ACTION will work in partnership with local NGOs and state authorities, including commune authorities, on scaling up SBC interventions in alignment with locally-owned development plans. Approaches and tools should be low-cost and easy to implement to encourage local adoption without donor subsidy. Across all geographies, Breakthrough-ACTION must work closely with USAID service delivery and DFSA partners to ensure that product- and service-dependent behaviors are promoted only when those resources are available, so as to avoid creating unmet demand.

In view of the dynamic and unstable nature of the RISE II zones' socio-political landscape, as well as the integrated and mutually reinforcing relationship between Breakthrough-ACTION and

forthcoming service delivery and DFSA mechanisms, Breakthrough-ACTION must establish systems for near-real time monitoring of activities, allowing for rapid and ongoing revision of project strategy and programming. To the greatest extent possible, these systems should enable community learning and feedback.

The expected results under IR 1 will be:

- Improved use of data for strategic design and planning of SBC at the national, regional, and commune levels
- SBC activities of USAID service delivery and DFSA partners strengthened through tailored technical assistance, including design and production of materials
- High-impact, targeted SBC interventions implemented at scale in priority regions
- Real-time monitoring used to refine and improve the quality of USAID-supported SBC interventions

Illustrative indicators under IR 1 include:

- Outcome: Percent of target population demonstrating accurate knowledge of priority health and nutrition products and services (disaggregated by age and sex).
- Outcome: Percent of women in target communities that report speaking to their partner about health in the three months preceding the survey (disaggregated by age).
- Outcome: Percent of women in target communities that report speaking to a family member about nutrition or infant and child feeding in the three months preceding the survey (disaggregated by age).
- Output: Percent of target population who recall hearing or seeing a specific message, disaggregated by channel and number of exposures (disaggregated by age and sex).
- Output: Number of individuals in target population reached with SBC interventions (disaggregated by age and sex).

Illustrative activities under IR 1 include:

- Conduct rapid communication and behavior change research to inform design of SBC activities implemented by RISE II partners;
- Review existing DFSA SBC materials and revise/develop new resources in advance of award of new mechanisms;
- In collaboration with the Ministries of Health, convene USAID service delivery and DFSA partners at the national, regional, or sub-regional levels to develop or refine audience profiles and behavior change strategies;
- Assist GoN/GoBF and USAID service delivery and DFSA implementing partners in reviewing and refining existing SBC messages to ensure harmonization and alignment with shared behavioral strategy;
- Establish or refine knowledge management systems to support efficient dissemination and utilization of SBC research and programmatic tools across and beyond USAID implementing partners, including local, regional, and national government institutions;
- Design and implement multi-channel SBC programs including mass media, ICT/mobile, and regional community activation/experiential marketing, with particular attention to questions of normative and social influence and gender dynamics;

- Design community engagement and outreach activities for implementation by USAID service delivery partner (or public sector service delivery platforms as appropriate);
- Provide technical assistance to USAID service delivery partners for design of provider behavior change activities addressing motivational and normative barriers to performance, with attention to gender norms and needs of priority client groups such as youth;[1]
- Together with the USAID service delivery partner, design and produce radio distance learning program for frontline health workers;
- Identify strategic opportunities for partnership with the private sector; with an eye to improving reach and impact of SBC through financial support; endorsement and co-branding; donation of services, technical assistance, or airtime; or access to priority audiences.

IR 2: Improved capacity to implement social and behavior change programs
All Breakthrough-ACTION/RISE activities will reflect an appreciation of Niger and Burkina Faso's SBC landscapes and the roles and functions of their component parts. Breakthrough-ACTION will work to strengthen both the supply for SBC services, originating primarily in local NGOs and private sector organizations, and the demand for those services within the public sector. Technical and operational competencies will be strengthened through targeted attention to the needs of individual learners and practitioners; organizations; and systems-level policies and processes. Across all areas of work, capacity strengthening activities will emphasize opportunities for applied practice through review and analysis of data; shared design and implementation; and provision of coaching and targeted feedback. Breakthrough-ACTION/RISE will foster and promote the role of the GoN and the GoBF as credible technical leaders in SBC research and programming nationally; to the greatest extent possible, activities will be undertaken under the leadership of public sector authorities.

Based on currently available information, it is not clear whether capacity strengthening activities should focus primarily on public sector structures or civil society and private sector groups. USAID/Sahel expects that Breakthrough-ACTION will propose priority areas of work and partners for its capacity strengthening activities based upon initial scoping and landscaping activities.

The expected results under IR2 will be:

- Increased investment in and support for SBC as an essential element of health programming by the GoN/GoBF
- Strengthened SBC technical competencies among selected GoN/GoBF operating units at regional and commune levels
- Improved coordination and joint planning of SBC programming among stakeholders at regional and commune levels
- Improved systems for ensuring quality of SBC interventions, products, and activities at regional and commune levels

Illustrative indicators under IR 2 include:

- Output: Number of SBC activities or interventions planned and implemented by multiple stakeholders, including the GoN and GoBF

- Output: Number of targeted districts in which mechanisms for quality assurance for SBC are applied in a regular and ongoing manner

Illustrative activities under IR2 include:

- Building upon the activities of the SPRING project, which included both a comprehensive SBC landscaping and GIS mapping of USAID-supported activities,[2] conduct mapping of SBC partners and organizations providing related services, their activities, and competencies;
- Conduct systematic, competency-based assessment of institutional-level SBC capacity within the GoN and GoBF, with attention to both technical and operational functions;
- Provide support to key GoN/GoBF operating units for development and application of SBC strategies, including adaptation of strategies from national to regional levels;
- Establish or revitalize topical or campaign-specific SBC working groups at the national and regional levels;
- Establish or revitalize structures and tools for monitoring and quality assurance of SBC, including development of key indicators to allow for consistent measurement across the GoN/GoBF and USAID implementing partners;
- Conduct targeted advocacy for investment in SBC, including development of business case scenarios based on cost-effectiveness data as appropriate;
- Provide support to a small number of Nigerien and Burkinabe SBC, marketing, research or youth organizations demonstrating potential to serve as technical leaders and partners to the GoN/GoBF, through implementation-focused sub-awards and provision of targeted, competency-based capacity strengthening services;
- Provide targeted, competency-based capacity strengthening to Nigerien and Burkinabe community mobilization and development organizations implementing SBC activities as part of DFSA projects;
- Provide technical assistance to national and community media outlets to ensure fidelity of health and social service messages and support expanded reach and impact of SBC activities, with particular consideration of community radio stations funded through USAID/Sahel's Countering Violent Extremism (CVE) portfolio in Zinder and Maradi;[1]
- Establish program-sharing cooperatives for national distribution of radio content;
- Establish or revitalize sustainable sub-national structures for SBC training, with attention to opportunities for applied practice.

Technical Considerations - SBC

● **Fostering Localization:** In implementing sub-national activities across two countries, Breakthrough-ACTION and other RISE II partners must situate their regional efforts in the context of national policy and programming, while ensuring sufficient tailoring to varied local contexts. Partners must also consider the important differences that exist between Burkina Faso and Niger, both nationally and across the RISE zones.

● **Using Innovative and Data-Driven Approaches to Audience Segmentation and Targeting:** Assessments of RISE I suggest that many partners struggled to achieve sufficient targeting in their demand-side activities. Past investments by USAID and the Hewlett Foundation

have produced a wealth of unusually rigorous audience segmentation research in Niger and Burkina Faso, which will provide a valuable foundation from which Breakthrough-ACTION may build. It will be important, however, for the project to consider how best to align existing audience segments for FP/RH-related behavior change with as-yet-unidentified segments for other key health and nutrition areas. It will also be essential to ensure that the segmentation approaches favored by SBC organizations, which emphasize potential for behavior change, account for questions of socio-economic vulnerability that are central to RISE.

- **Accounting for Migration as a Factor in Health Behavior:** Seasonal, labor-related migration is common in both Burkina Faso and Niger, a fact that has important implications for RISE II partners as they consider audience segmentation and targeting; determinants of health behavior; and channel/approach selection. Migration patterns vary significantly between the two countries and the RISE I baseline study indicated that this labor-related migration was considerably more common in Niger than Burkina. Migration from Burkina Faso's Mossi plateau, which includes Centre Nord province, is typified by long-term or permanent movement to Cote d'Ivoire in search of work in the commercial agricultural sector. By contrast, migration in Niger tends to be of shorter duration. Within and across Burkina Faso and Niger, some ethnic groups (such as the Fulani) also have distinct migratory patterns – which may differ based on prevailing income generating activity or agricultural practice.[2] Breakthrough-ACTION and other RISE partners must consider migration, and its effects on not only health outcomes, but gender norms and power dynamics; social networks; cohesion; and resiliency, as they design and implement activities.

- **Expanding Application of Proven Practices in Community-Centered SBC Interventions**: RISE prioritizes a community-led development model, which emphasizes the role of communities in identifying priorities, strategies, and resources to respond to locally-felt needs and aspirations in health, family planning and nutrition. Using processes of dialogue, women, youth, and men will explore their collective challenges and opportunities; identify and implement actions; evaluate their effectiveness; and iteratively adapt their approach as they search for greater effectiveness. RISE I partners have specifically highlighted the (perceived) successes of the "Husbands School" and the "Couples School" approaches. Under RISE II, this process should continue to build motivation and actions toward achieving a locally-owned, culturally- relevant vision of a moderate, peaceful, prosperous, and equitable society. In the current environment of the Sahel, it is especially important to emphasize, where possible, tolerance and moderation. In supporting RISE II partners to achieve this goal, Breakthrough-ACTION should consider how best to integrate global best practices from community engagement research and programming, with particular consideration to questions of localization and scale; cost-effectiveness; and measurement.[3]

- **Applying Lessons Learned in Risk Communication and Post-Epidemic Recovery:** West Africa's Ebola epidemic of 2014-2015 and other, more recent outbreaks of infectious disease in the region have produced important learnings regarding the value of risk communication and preparedness; use of community engagement in responding to a crisis; and rebuilding trust between communities and social services following a crisis. Breakthrough-ACTION should consider these lessons, and how best they may be applied in the Sahel, either in

regard to an outbreak or other destabilizing event. Like all other RISE II partners, Breakthrough-ACTION will be required to prepare a contingency plan that identifies the types of shocks likely to occur, the activities it will implement to reduce the likelihood and impacts of those shocks, and the ways it will respond to protect life and livelihood, and help communities and households to recover.

III. Management

Staffing and Key Personnel

Given the challenges inherent in the region and the ambitious mandate of this buy-in, USAID strongly encourages Breakthrough-ACTION to staff its activities through project partners with demonstrated success implementing activities in the RISE II zones. When possible, project staff should co-locate with should co-locate with the Ministry of Health, USAID service delivery, other USAID partners and/or DFSA partners to support collaboration, security, and efficient use of resources; for this reason, Breakthrough-ACTION may consider securing temporary office space until such a time as other RISE II mechanisms are in place.

Breakthrough-ACTION/RISE will have expertise in or access to specialists in the range of SBC, coordination, and capacity strengthening approaches outlined in the scope of work. Breakthrough-ACTION is required to propose key personnel and present a comprehensive staffing plan that demonstrates a balance of skills that will support the achievement of objectives and results. The staffing pattern should reflect the minimum number of highly experienced staff sufficient to conduct activities anticipated under this award, with attention to the distinct management and technical needs of the project in Burkina Faso and Niger. This core capability will be supplemented by a roster of staff and tested consultants, who may be mobilized quickly to address evolving USAID/Sahel, GoN, and GoBF needs.

Breakthrough-ACTION/RISE will need to align its activities with those of Breakthrough-ACTION/West Africa, Breakthrough-ACTION/Niger, and GH/PRH in the interest of maximizing operational and technical efficiencies. This will enable USAID to leverage investments and ensure a coordinated and harmonized approach in Burkina Faso, Niger and across West Africa.

Breakthrough-ACTION will identify key personnel by name and position. A total of three key personnel are envisioned: Chief of Party; Community Engagement and Capacity Strengthening Advisor (Niger); and Community Engagement and Capacity Strengthening Advisor (Burkina Faso). Breakthrough-ACTION may propose alternate key personnel positions if they collectively respond to the needs and priorities described in the scope of work but must justify any deviation from the positions proposed here.

The Chief of Party will be a seasoned SBC project manager with at least 10 years of relevant experience, including at least 5 managing development programs in the field. S/he will have demonstrated expertise in large-scale, multi-channel SBC programming, with experience in mass- or community media preferred. Experience designing and implementing integrated (multi-health element or cross sectoral) SBC programs is required.

The Community Engagement and Capacity Strengthening Advisors (Niger and Burkina Faso) will possess at least 7 years of specialized experience in community mobilization, community engagement, or interpersonal communication. They will possess demonstrated success in SBC capacity strengthening, with experience working with health service delivery programs strongly preferred. Experience working with RMNCH programs is required. Experience designing and implementing interventions addressing gender and social norms is preferred.

All key personnel must demonstrate strong project/activity management skills; innovation and flexibility in technical practice; and ability to network and collaborate effectively with a wide range of stakeholders. To the greatest extent possible, key personnel should possess demonstrated experience implementing health programs in Niger, Burkina Faso, or other countries of francophone West Africa. Collectively, key personnel should possess experience working in insecure or conflict-prone environments; experience in risk communication is preferred.

In addition to named key personnel, USAID/Sahel expects that Breakthrough-ACTION will employ regional coordinators in each of the RISE II regions.

USAID/Sahel requests that Breakthrough-ACTION consider a staffing structure that mirrors that of other RISE II mechanisms and allows for country-level oversight. Specifically, it is preferred that the Breakthrough-ACTION/RISE Chief of Party be located in Niamey, with one Community Engagement and Capacity Strengthening Advisor based in Niamey and the second in Ouagadougou.

Planning, Management, and Reporting

Breakthrough-ACTION will likely be overseen by a lead Activity Manager based in USAID/Sahel, with country-level Activity Managers based in USAID's offices in Burkina Faso and Niger. USAID management personnel will meet with Breakthrough-ACTION on a regular basis. To the greatest extent possible, USAID will endeavor to ensure coordination among Breakthrough-ACTION's various PMI, USAID/West Africa, and USAID/Global Health-funded activities.

Breakthrough-ACTION will work closely with USAID/Sahel and the USAID offices in Burkina Faso and Niger in developing and refining the Year 1 workplan, preferably through a consultative project launch process. Because country-level activities will be overseen by Activity Managers based in the Burkina Faso and Niger offices, Breakthrough-ACTION may consider preparing two separate workplans, or a single workplan with country-specific sections to allow for independent review and approval of activities in each country. USAID expects that Breakthrough-ACTION will prepare joint workplans with the forthcoming RISE II service delivery mechanism; should there be a lag between the launch of Breakthrough-ACTION and the award of the service delivery mechanism, the former may prepare a short-term "start-up" workplan until the first joint workplan is developed and approved. Breakthrough-ACTION will also work closely with the DFSA partners in developing shared areas of work, which should be reflected in the workplans of all relevant mechanisms. Collaboration with the DFSA partners will be particularly important during Year 1 of those awards, during which time they will be called upon to conduct analysis and assessment to refine their proposed activities.

Breakthrough-ACTION will provide quarterly narrative performance reports for both Burkina Faso and Niger. Breakthrough-ACTION will also provide detailed quarterly financial reporting, with spending against specific funding streams and major activities clearly delineated.

IV. Monitoring and Evaluation

This project will be monitored and evaluated using a variety of approaches in compliance with USAID's Evaluation Policy. In close collaboration with the Mission, Breakthrough-ACTION will develop a Performance Management Plan (PMP) in tandem with development of the Year 1 workplan. The timeframe for development of these program design documents will be approximately 90 days upon issuance of this scope of work. The PMP will outline the process for monitoring, evaluating, and reporting progress towards achieving project results. The PMP will specify performance indicators and benchmarks to be tracked, data collection and quality assurance methods, and processes for using data to improve performance. The PMP will serve as the standard against which Breakthrough-ACTION will be evaluated.

Breakthrough-ACTION's work is expected to be evaluated in the following ways:

- Midterm external performance evaluation, to be implemented through USAID/Sahel monitoring and evaluation mechanism.
- External impact evaluation(s) of combined efforts of Breakthrough-ACTION, USAID/Sahel service delivery mechanism, and (potentially) DFSA activities.
- Summative internal evaluation of Breakthrough-ACTION's coordination and capacity strengthening activities, using outcome harvesting or another complexity-aware method.

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[1] **Burkina Faso DHS 2010**

[2] **Niger DHS 2017 preliminary results - not yet disseminated.**

[3] **In general, most indicators suggest better population-level health status in Burkina Faso than Niger; the higher recorded rate of child mortality in Burkina Faso than Niger may be a function of the timing of each country's most recent DHS survey and/or regional differences.**

[4] **SPRING:SBCC in the Sahel. Retrieved from: https://www.spring-nutrition.org/sites/default/files/publications/reports/spring_sbcc_in_the_sahel_0.pdf**

[5] **For additional information, see: https://www.usaid.gov/documents/1860/usaid-resilience-sahel-enhanced-rise-ii-technical-approach-working-paper**

[6] **https://www.usaid.gov/documents/1866/FFP-FY-2018-RFA-development-food-security**

[7] **https://www.usaid.gov/sites/default/files/documents/1860/USAID_Sahel_Youth_Analysis_2017_Final.pdf**

[8] **https://www.acceleratorbehaviors.org**

[9] **Promotion of complementary feeding should focus on promotion of 1-3 small, doable actions, which should be locally appropriate and informed by current research.**

[10] **https://acceleratorbehaviors.org/tools**

[11] **The Behavioral Integration Guidance process developed by Accelerate, which is supported by a series of web- and paper-based tools, uses a wide range of data to quantify the potential impact of changes to various behaviors, and prioritizes a limited number of**

behaviors for intervention. Mechanisms - including both those that would traditionally be understood as SBC-focused and those that emphasize health systems strengthening and service delivery - are then designed or reoriented to enable achievement of this limited number of behavioral objectives. For more information, see: www.acceleratorbehaviors.org

[12] **HRH2030 is currently implementing a core-funded activity on this topic; please review for potential synergies: https://www.hrh2030program.org/defining_a_gender-competent_health_workforce/**

[13] **https://www.spring-nutrition.org/about-us/activities/developing-gis-mapping-tool-explore-and-coordinate-sbc-activities-sahel, and https://www.spring-nutrition.org/publications/reports/sbcc-sahel**

[14] **See http://www.sarelresilience.net/sarel/content/atelier-de-revue-d%E2%80%99une-recherche-formative-sur-l%E2%80%99utilisation-des-radios-communautaires-par for additional information.**

[15] **The Mitchell Group: Midterm Performance Assessment of USAID's RISE Initiative in Burkina Faso and Niger. 2017.**

[16] **See FP/RH High Impact Practice Brief: Community Group Engagement for additional information: https://www.fphighimpactpractices.org/briefs/community-group-engagement/, as well as WASH Plus Behavior Change Briefs: https://www.fhi360.org/resource/small-doable-actions-feasible-approach-behavior-change-learning-brief and http://www.washplus.org/sites/default/files/BC%20brief%20final%20508.pdf**

[END OF APPENDICES/ANNEXES]

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