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Q&A Due Date: May 21, 2024
Closing Date: July 06, 2024
Closing Time: 11:59 PM EST (Washington, DC)

Subject: Request for Application (RFA) Number: 7200AA24RFA00011

Program Title: USAID Integrated Health Systems Strengthening (IHSS)

CFDA Number: 98.011 - USAID Foreign Assistance for Programs Overseas

To All Interested Applicants:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified entities to implement the Integrated Health Systems Strengthening (IHSS) program. Eligibility for this award is not restricted.

USAID intends to make an award to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this document, subject to a risk assessment. The applicant must meet eligibility standards in Section C of this RFA. Instructions for responding to this RFA are included in Section D. This notice of funding opportunity (NOFO) is posted on www.grants.gov and may be amended. Eligible parties interested in submitting an application are encouraged to read this document thoroughly to understand the type of program sought, application submission requirements, and selection process. Check www.grants.gov to obtain the latest information regarding this NOFO.

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, contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

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

As noted in Section D, all questions and applications should be submitted to ihss_nofo@usaid.gov. The deadline for questions is noted above. Responses to questions

received prior to the deadline will be provided through an amendment to this notice posted to www.grants.gov.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for any costs incurred in the preparation or questions of an application. Applications are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense. The Government reserves the right to not make an award. USAID will only review one application for each organization in response to this NOFO.

Thank you for your interest in USAID programs.

Sincerely,
/s/
Abibou Oussantidja
Agreement Officer
M/OAA/GH

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SECTION A: FUNDING OPPORTUNITY DESCRIPTION

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

1. PURPOSE

The purpose of the Integrated Health System Strengthening (IHSS) program is to accelerate countries' Health System Strengthening (HSS) efforts and achieve sustainable, equitable, and resilient health systems through locally-led, evidence-driven, and context-specific approaches to HSS. The primary goals are to advance primary health care (PHC), accelerate progress toward universal health coverage (UHC), and improve health outcomes. Investments in HSS help USAID reach its priority global health goals of preventing child and maternal deaths, controlling the HIV/AIDS epidemic, and combating infectious disease, which directly contributes to strengthening global health security. A strengthened and accessible health system is necessary to yield high-quality health services, which are essential for achieving sustainable improvements in health, promoting economic growth, and overall democratic development.

2. BACKGROUND

The United States Agency for International Development's (USAID) investments in HSS consist of the strategies, responses, and activities that are designed to sustainably improve country health system performance. A health system is composed of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health. A strong health system underpins all health investments, increases resiliency, and advances health and well-being for all.

The COVID-19 pandemic created an increase in deaths that has resulted in the first global reduction in life expectancy in a century and brought renewed global attention to the long-term health and development importance of resilient health systems. Sustaining and advancing health outcome achievements in USAID's priority areas requires supporting health system resilience and sustainability through robust and intentional investments in cross-cutting, integrated HSS programming. This includes, but is not limited to, investments in primary health care which serve as the foundation for achieving access to universal health coverage. The World Health Organization (WHO) has estimated that scaling up PHC interventions across low and middle-income countries (LMICs) could save 60 million lives and increase average life expectancy by 3.7

years by 2030.[1] USAID is coordinating investments into PHC as a way of combating the recent global reductions in life expectancy and to foster resilience and preparedness against future threats. HSS investments provide the foundation for sustaining progress in PHC and towards achieving broader global goals, including all of the targets for Sustainable Development Goal (SDG) 3, to ensure healthy lives and promote well-being for all at all ages.[2] HSS investments are central to achieving SDG target 3.8 ("Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all"), but are similarly foundational to achieving the other SDG 3 goals.

USAID recognizes that further progress in reaching health outcomes requires well-coordinated HSS programming. This program has a particular focus on integrated HSS activities, which utilize a systems lens to work across health areas to address common system challenges and strengthen system-wide performance to promote sustainable improvements in health outcomes. This includes activities to promote financial protection, efficiency, and affordability of health services in general; ensure the quality or availability of an essential package of prevention, promotion, treatment, and care services; enhance equitable access to priority services by under-served, marginalized and other high priority groups; and ensure responsiveness to community expectations. In order to reach USAID's HSS goals, programming should advance USAID's three health systems outcomes of focus - health equity, quality, and resource optimization.[3]

Programmatic approaches to strengthening these outcomes should intentionally strengthen multiple aspects of the health system where appropriate. The six "building blocks" of HSS (service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership and governance) remain critical investment areas, but were not meant to be individualized into "siloed" areas of work or support. As WHO notes, "A health system, like any other system, is a set of interconnected parts that must function together to be effective. Changes in one area have repercussions elsewhere. Improvements in one area cannot be achieved without contributions from the others. Interaction between building blocks is

[1] WHO. (Sept 2019.) Countries must invest at least 1% more of GDP on primary health care to eliminate glaring coverage gaps. https://www.who.int/news/item/22-09-2019-countries-must-invest-at-least-1-more-of-gdp-on-primary-health-care-to-eliminate-glaring-coverage-gaps

[2] UN Sustainable Development Goals. https://www.un.org/sustainabledevelopment/health/

[3] The three priority outcomes per USAID's Vision for HSS 2030 are: *Equity*. All people should have a fair opportunity to achieve their health potential; *Quality*. Care that is safe, effective, efficient, timely, people-centered, integrated and equitable; and *Resource Optimizatio*n. Promoting resource optimization by identifying and strengthening constituent processes within local health systems, assisting stakeholders in determining the most appropriate allocation and use of resources within the system, and promoting availability of health system resources adequate to deliver high-quality, accountable and responsive care that emphasizes the needs of underserved and socially excluded populations. Health system resources include, but are not limited to, human and financial resources, health care infrastructure, information resources, and medicines, and other health technologies.

essential for achieving better health outcomes."[4] Recent global consensus, via the 2018 Astana Declaration on Primary Health Care,[5] the 2019 Declaration of the UN High-Level Meeting on UHC,[6] and the 2023 Declaration of the UN High-Level Meeting on UHC,[7] all reflect the need for a more integrated and outcomes-based approach to health systems. At the global level, strengthened collaboration and coordination across HSS global actors continues to be needed to advance effective, efficient, sustainable HSS practice. The activity is thus intended to provide technical assistance and global leadership to comprehensively and efficiently address multiple system components and help advance country PHC, UHC, and preparedness and resilience priorities.

Relationship to Other USAID Initiatives, Policies, and Activities

Within the USAID context, this activity will align with and advance relevant Agency initiatives and frameworks. By incorporating key considerations on a number of critical topics, this activity advances the following Agency initiatives, agendas, and policies:

- USAID, *Vision for Health System Strengthening 2030*
- USAID, HSS Learning Agenda
- USAID, HSS Resource Center (with considerations on HSS and social and behavior change, HSS and climate change, and more)
- USAID, Primary Impact Initiative
- The White House, *The Biden-Harris Administration Global Health Worker Initiative*
- USAID, Community Health Development Partnership (CHDP)
- USAID, 2023 Gender Equality and Women's Empowerment Policy
- USAID, Youth in Development Policy
- USAID, A Vision for Action in Digital Health
- USAID, USAID Climate Strategy 2022-2030
- USAID, Position Statement on One Health
- USAID, USAID Disability Policy Paper
- USAID, LGBTQI+ Inclusive Development Policy
- USAID, Policy on Promoting the Rights of Indigenous Peoples
- USAID, Diversity, Equity and Inclusion Strategic Plan
- USAID, CLA Framework (pg. 2), USAID Learning Lab.

This program is intended to be the Bureau for Global Health's flagship program for integrated health systems strengthening investments, working across health areas to strengthen health system performance and reduce system-wide barriers. It is intended to work across and within

[4] WHO. (2007). Everybody's Business: Strengthening Health Systems to Improve Health Outcomes. Retrieved from https://www.who.int/ healthsystems/strategy/everybodys_business.pdf?ua=1

[5] USAID. (2018). Joint Statement on Primary Health Care Implementation. Retrieved from https://www.usaid.gov/sites/default/files/Joint-Statementon-PHC-Implementation-10-26.pdf

[6] Political declaration of the high-level meeting on Universal Health Coverage. (2019). Retrieved from https://www.un.org/pga/73/ wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-PoliticalDeclaration.pdf

[7] Political declaration of the high-level meeting on Universal Health Coverage. (2023). https://documents-dds-ny.un.org/doc/UNDOC/GEN/N23/306/84/PDF/N2330684.pdf?OpenElement

health systems at all levels of maturity and contexts. USAID also has a variety of investments in HSS through other programs and partners including those that focus on specific health areas, audiences, contexts, and/or programmatic approaches. The IHSS program is intended to work in close collaboration with USAID's range of investments in HSS at both the central and country levels, creating an ecosystem to strengthen integrated HSS across USAID's global health programs. Of note, this program is not meant to cover health information systems investments nor supply chain and pharmaceutical system strengthening investments, which are covered by other activities such as the current Country Health Information Systems and Data Use (CHISU), Medicines, Technologies, and Pharmaceutical Services (MTaPS), and Promoting the Quality of Medicines Plus (PQM+) programs but may complement and collaborate these activities where appropriate.

3. FOCUS AREAS AND RESULTS

3.a. Focus Areas

Focus Area #1 - Address the root causes of complex health system challenges through systems thinking.

Integrated HSS activities generally address and impact, or at minimum consider the relevance of, multiple system functions simultaneously, incorporating systems thinking approaches.[8] For example, improving health outcomes requires strong institutional arrangements across all levels of the health system, including well-functioning community health systems. Approaches within this activity might therefore address leadership and governance capacity, behaviors, and work to incorporate evidence-based policy processes, mitigate corruption risks, and strengthen accountability at both national and sub-national levels. Simultaneously the activity might support the seamless integration of community health systems into the overall health system architecture with enhanced governance structures, well-established community engagement platforms, strengthened donor coordination platforms, and promotion of country-led efforts to integrate community health workers (CHW) into human resource and health sector plans. This could also entail working across country contexts to strengthen global coordination and collaboration or advance the global evidence base on relevant topics. This would not include implementing activities intended to create demand for health services, increase service-seeking, or facilitate the practice of healthy behaviors - as these are activities covered by other USAID investments. However, it should include the incorporation of behavioral approaches to address social and behavioral barriers to HSS efforts, such as influencing the behaviors and norms of health system actors.[9]

[8] USAID. Local Systems: A Framework for Supporting Sustained Development. https://www.usaid.gov/policy/local-systems-framework

[9] USAID. 2022. Social and Behavior Change and Health System Strengthening. https://www.usaid.gov/sites/default/files/2022-05/SBC_and_HSS_White_Paper_Jan_2022_Final_508_tagged_1.pdf

Focus Area #2 - Strengthen the entirety of the health system, including public and private sectors and across all levels, to meet the population needs of each context, with a focus on Primary Health Care.

This activity can include work from primary to tertiary levels but needs to include a focus on the system strengthening necessary to advance PHC. PHC is widely regarded as the most inclusive, equitable and cost-effective way to achieve universal health coverage (UHC) and creates more responsive health systems at lower or equivalent costs, with higher standards of quality, greater efficiencies, and with broader community acceptance. It is estimated that ninety percent of essential interventions necessary for UHC can be delivered using a PHC approach.[10] Foundational health systems investments (in areas such as financing, the health workforce, governance, digital transformation, and more) support and sustain the delivery of equitable, efficient, and high-quality primary health services. For example, as recognized by the Global Health Worker Initiative and the WHO, strong PHC is delivered by multidisciplinary teams of health workers across the public and private sectors. Per the WHO, "to progress towards universal health coverage, countries will need a health workforce that is aligned with population and community health needs and which is capable of adjusting to the growing demand for health care."[11] To be successful in this effort, the health workforce should be supported by an optimized health system that enables the workforce to provide greater service access and quality of comprehensive care that is whole-person-centered versus disease-centered. Overall, to be successful in strengthening PHC, achieving universal health coverage, and improving health outcomes, this award will need to optimize foundational system-wide functions with approaches that are evidence-based, contextually specific, and locally-led.

Focus Area #3 - Promote localization by putting local actors in the lead, strengthening local systems, and being responsive to local communities.

Aligning with USAID's definition of localization,[12] this activity should seek to put local actors in the lead, strengthen local systems, and be responsive to local communities. Implementation throughout the life of the activity will require a locally-led, whole-of-society approach, with close collaboration with key HSS stakeholders at the global, national, regional, and local levels, including but not limited to country policymakers, the private sector, health service providers, continental and regional partner organizations, other donor representatives, community leaders, faith based organizations, academic institutions, and other actors throughout the health system. It is expected that implementation will center country and community leadership and ownership in order to ensure activity responsiveness to contextually specific needs, strengthen local health

[10] WHO Primary Health Care Fact Sheet. (November 2023). https://www.who.int/news-room/fact-sheets/detail/primary-health-care

[11] Dussault G, Kawar R, Castro Lopes S, Campbell J. (2018). Building the primary health care workforce of the 21st century - Background paper to the Global Conference on Primary Health Care: From Alma-Ata Towards Universal Health Coverage and the Sustainable Development Goals. https://www.who.int/docs/default-source/primary-health-care-conference/workforce.pdf

[12] USAID defines localization as the set of internal reforms, actions, and behavior changes that we are undertaking to ensure our work puts local actors in the lead, strengthens local systems, and is responsive to local communities. See: USAID Localization. https://www.usaid.gov/localization

system capacity and linkages between communities and health institutions, shift health system norms, and increase the likelihood of sustainability. This activity is also intended to support the leadership transition of technical assistance to local partners who are best suited to meet the needs of diverse local populations, by promoting local innovation and solutions within HSS, by strengthening coordination and dialogue between local innovators, civil society and advocacy groups, and government partners, and by incorporating transition awards. As appropriate based on successful capacity-building and feasibility, the Recipient of the award resulting from this RFA may seek to identify potential local subrecipients for transition awards, which will be considered by bureaus, independent offices, or Missions at USAID.

Focus Area #4 - Increase social inclusion and gender transformation throughout implementation to advance inclusive, equitable, and accessible healthcare systems

Operationally the activity should center relevant aspects of identity in each context, including gender, disability, etc. and should aim to increase social inclusion and health equity throughout implementation by promoting gender and social equity, advancing gender-transformative HSS approaches, considering intersectionality, and incorporating social determinants of health where appropriate. The activity should be intentional about integrating principles that promote improved health care access and quality for all populations, including marginalized and under-served communities, and should seek ways to ensure health systems are designed for and by people. Inclusive, equitable, and accessible healthcare systems, spanning both the public and private sectors and complemented by whole-of-society approaches inclusive of multi-sectoral policies and actions, are vital to addressing the social determinants of health and to ensuring that marginalized groups have equal access to quality healthcare services at every tier of the health infrastructure.

Focus Area #5 - Enhance health system resilience and responsiveness capacity to prepare for, mitigate, and adapt to emerging challenges, including infectious disease outbreaks, climate change, and other shocks.

HSS investments are crucial for strengthening health system resilience, defined as the ability to adapt, respond, and recover from shocks and stressors.[13] This award is intended to support health systems to prepare for, mitigate and/or adapt to all emerging and potential challenges by strengthening their capacity to consistently provide acceptable, accessible, and quality care to the communities they serve, including during times of shocks. Evidence shows that HSS activities designed in an inclusive manner best addresses the broad range of health needs that individuals, their families, and communities require - including resilience against public health threats such

[13] USAID. (2022). Considerations to Integrate Climate Change Mitigation and Adaptation into Health System Programming.https://www.usaid.gov/global-health/health-systems-innovation/health-systems/resources/considerations-integrate-climate-change-mitigation; USAID. (2022). Climate Change Impacts on Human Health and the Health Sector. https://www.usaid.gov/global-health/health-systems-innovation/health-systems/resources/climate-change-impacts

as infectious disease outbreaks, climate change, and other natural or manmade shocks.[14] Health system absorptive, adaptive, and transformative resilience capacities should be developed in advance of crises in order to effectively respond to both acute, time-bound events, as well as to longer-term dynamics such as protracted population displacements or climate change. This program can improve health system resilience capacity through a wide range of potential approaches. For example, integrating essential public health functions (EPHFs) into PHC systems can ensure systems are better positioned to proactively detect shocks and respond to surge support needs during an infectious disease outbreak,[15] while fostering more effective longer-term adaptive responses to climate change might entail taking steps to reduce the carbon footprint of the health system or strengthening health workforce capabilities to respond to the effects of climate change on people's health.[16] As part of preparedness and response efforts, this program might take a One Health approach to strengthening health system capacity, aligned with Agency approaches to synergistically promote the health of ecosystems, people, and animals; promote and support systems-wide, locally led, holistic, risk-and evidence-based approaches to addressing global threats to health systems; and work collaboratively across sectors as needed.[17] In fragile and conflict affected settings, the program may need to ensure that health system emergency response and resilience efforts are coordinated with both humanitarian and development actors, emphasizing the importance of collaborative implementation.[18]

Focus Area #6 - Strengthen monitoring, evaluation, research, and learning (MERL) efforts to understand health system changes and the contributions of HSS activities and facilitate real-time learning and adaptation.

Programmatic approaches undertaken within this activity should reflect USAID's cross-cutting HSS priority related to strengthened monitoring, evaluation, research, and learning (MERL). HSS MERL is essential to understanding how health systems and relevant multi-sectoral components interact and impact one another to produce health outcomes, health system changes, and how these changes can be sustained. MERL allows health system practitioners to understand the

[14] Perry, H. B., Rassekh, B. M., Gupta, S., Wilhelm, J., & Freeman, P. A. (2017). Comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 1. rationale, methods, and database description. Journal of Global Health, 7(1), 010901. https://doi.org/10.7189/jogh.07.010901; Kruk, M. E., Porignon, D., Rockers, P. C., & Van Lerberghe, W. (2010). The contribution of primary care to health and health systems in low and middle-income countries: A critical review of major primary care initiatives, Social Science & Medicine, Vol 70-Issue 6, (2010): Pg 904-911, https://doi.org/10.1016/j.socscimed.2009.11.025

[15] Lugten E, Marcus R, Bright R, Maruf F and Kureshy N (2023) From fragility to resilience: A systems approach to strengthen primary health care. Front. Public Health 10:1073617. doi: 10.3389/fpubh.2022.1073617.

[16] Mosadeghrad AM, Isfahani P, Eslambolchi L, Zahmatkesh M, Afshari M. Strategies to strengthen a climate-resilient health system: a scoping review. Global Health. 2023 Aug 28;19(1):62. doi: 10.1186/s12992-023-00965-2. PMID: 37641052; PMCID: PMC10463427.

[17] USAID Position Statement on One Health. 2024. https://biodiversitylinks.org/library/resources/2024-usaid-position-statement-on-one-health.pdf

[18] USAID Momentum. (2024). The Humanitarian-Development-Peace Nexus (HDPN) and Applications to Family Planning, Reproductive Health, and Maternal, Newborn, and Child Health Interventions in Fragile Settings. https://usaidmomentum.org/resource/the-humanitarian-development-peace-nexus-hdpn-and-applications-to-family-planning-reproductive-health-and-maternal-newborn-and-child-health-interventions-in-fragile-settings/

contribution or impact of HSS efforts. This requires strengthening the utilization of both standard and context specific HSS indicators and metrics, including increasing systems' capacities to generate and utilize relevant, timely data and evidence. For cross-country comparisons around common metrics, USAID endorses existing World Bank and World Health Organization efforts to track national progress[19] [20] toward UHC via two separate indices: service coverage and financial protection. However, strengthened metrics and approaches are needed to identify the contributions of HSS activities to system-wide changes across building blocks, and the HSS contributions to improvements in health outcomes at the sub-national and national levels. HSS MERL is also essential for learning health systems[21] that can adapt or rapidly respond to contextual, political changes, and circumstances. Within USAID programs, creativity and flexible adaptive management capacity are required, based on real-time learning and evidence. This includes incorporating appropriate, timely HSS implementation research into programming to inform context-specific health system needs and approaches. This also incorporates data and evidence from other sectors as relevant for health systems decision-making. Embedding HSS research and learning approaches throughout implementation can not only improve individual programs, but also help to strengthen the global HSS evidence base (see, for example, USAID's HSS Learning Agenda). Further, HSS research supports valuable country-to-country learning and regional knowledge exchange opportunities.

Focus Area #7 - Advance health sector integration and collaboration by coordinating efforts across relevant investment areas and fostering multi-sectoral partnerships.

Finally, this activity will advance health sector integration and collaboration by providing opportunities for jointly-funded or collaborative work across health areas and with multi-sectoral partners. Implementation of effective HSS activities requires coordination and integration of efforts across relevant investment areas. Improving global, regional, national, sub-national, and multisectoral coordination and collaboration can enable timely responses to emerging health system challenges and improve the effectiveness of long-term programs. Systems approaches can help to prevent duplication or fragmented results, siloed interventions, and gaps in coordination towards larger HSS goals. Improved cohesion and partnership in HSS can help to enable alignment and harmonization within countries, maximize investments, and promote best practices. Multi-sectoral coordination can strengthen HSS investments in foundational areas such as (but not limited to) coordinated digitalization investments across the system and improved governance of digital systems, comprehensive human resource and health information systems, comprehensive accountability systems, social and behavior change of health systems actors, and more can support the provision of integrated, client-centered primary care. Improved multi-

[19] . Tracking Universal Health Coverage: 2021 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development / The World Bank; 2021. https://www.who.int/publications/i/item/9789240040618

[20] WHO. (2019). Primary Health Care on the Road to Universal Health Coverage: 2019 Monitoring Report. Retrieved from https://www.whoint/healthinfo/universal_health_coverage/report/uhc_report_2019.pdf?ua=1

[21] Sheikh K, Abimbola S, editors. Learning health systems: pathways to progress. Flagship report of the Alliance for Health Policy and Systems Research. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

sectoral coordination can also support advancement of shared priorities such as One Health, climate mitigation, and economic opportunity. Where appropriate, successful implementation will also entail the appropriate use of emerging technologies and innovations as a component of implementation approaches. Through this integrated approach, USAID aims to strengthen health systems so that countries are able to plan, fund, and manage their own continued progress towards a higher standard of health and health system resilience.

3.b. Results Framework and Components

The intended result of the contemplated IHSS program is to achieve sustainable, equitable and resilient health systems through locally-led, evidence-driven, and context-specific approaches to HSS, thereby contributing to advancing PHC, accelerating progress toward UHC, and improving health outcomes. The desired results are outlined below in Intermediate Results (IR) 1-3 as well as each results' components. It is expected that applications will reflect integrated approaches to achieving these results holistically, incorporating the focus areas described above.

Intermediate Result 1: Increased and equitable access to and use of quality health services that are responsive to population health needs.

- **Component 1.1:** Improved capacity of health systems to effectively quantify, mobilize, and use financial and other resources to efficiently and equitably achieve health objectives.
- **Component 1.2:** Strengthened health system capacity to develop a well-managed, supported, and highly skilled workforce to meet countries' health care needs.
- **Component 1.3:** Optimized system designs that improve and sustain integrated models of equitable, quality care and improve client outcomes.

Intermediate Result 2*:* Strengthened leadership, governance, and management to improve health system performance.

- **Component 2.1:** Enhanced institutional arrangements, including transparent policies, systems, and processes, to increase efficiency and effectiveness of integrated health system performance and accountability.
- **Component 2.2:** Improved community health system integration into health system architecture to accelerate achievement of primary health care and health system goals.
- **Component 2.3:** Improved effective response and adaptation to both unanticipated shocks and ongoing health system stressors[22] at all levels of the health system.

Intermediate Result 3: Improved HSS learning and data and evidence generation, synthesis and utilization to strengthen health system policies and practice.

[22] Health system stressors include but are not limited to climate mitigation and adaptation, infectious disease outbreaks, disaster recovery, conflict response, and others.

- **Component 3.1:** Strengthened HSS monitoring and evaluation for program, country, and global needs through robust metrics, standards, systems, and approaches.
- **Component 3.2:** Strengthened capacity of government, local and regional partners for monitoring, evaluation, research, and learning (MERL) for health systems strengthening.
- **Component 3.3:** Increased knowledge synthesis, exchange, and collaboration to improve evidence translation and use by key audiences including USAID Missions and local, regional, and global HSS stakeholders.

4. ACTIVITY PARAMETERS

4.a. Geographic Focus

This activity will work at the global level, and in any country with funded activities. Anticipated regions of focus are Africa and Asia, with more limited activities in LAC, Middle East, and Europe and Eurasia regions. It is anticipated that this activity will annually be active in an average of approximately 15-20 countries and regional programs. While this is the anticipated geographic focus and number of countries, needs can arise in any country or region where USAID receives funding. The number of countries will be determined by programming needs and available funding.

4.b. Management

The Recipient is expected to ensure high-level management and operational capacity to facilitate program success. This includes but is not limited to experience in critical capacities in the management of operations across multiple stakeholders, operating units, and country contexts. The Recipient will need to be able to track and manage federal award funding across multiple financial streams and buy-ins. This activity can accept funding from any type of USAID or PEPFAR funding source and from any USAID Operating Unit for HSS programming, so understanding of these funding streams and relevant reporting requirements is a critical part of performance. Overall, the Recipient is expected to have the ability to manage a) overall operations; b) global and regional implementation approaches or collaborations; c) country or technical area-specific approaches aligned with Mission buy-ins; d) potential capacity strengthening of local organizations; and e) partnerships with local organizations or groups, each bringing a particular set of experiences and expertise that contribute to the accomplishment of the activities undertaken, and the objectives and IRs, within this NOFO.

4.c. Localization

It is important to work with a diverse range of stakeholders to support and sustain locally-led approaches for improved HSS practice. Subawards to various types of organizations at the regional and local levels may help this activity leverage previous and ongoing HSS efforts to provide new and innovative ideas and approaches. The awardee is strongly encouraged to

design and issue subawards to implement the strategic approaches associated with the three IR areas of this activity. The awardee shall develop and present approaches to co-create and implement activities including through subawards to new, nontraditional, local, and locally-established partners. Applicants should consider, when and where appropriate, aligning subawards offerings with USAID's New Partnership Initiative (NPI) approaches, and including associated technical and operational capacity strengthening where needed. In order to support these initiatives and cross-cutting objectives, applicants are encouraged to develop programs that allocate a minimum of 25% of the overall, 5-year award budget for subawards to local and regional partners. Specific Recipient organizations can be, but do not have to be, identified in the application, as subawards can be made post-award.

4.d. Collaborating, Learning, and Adapting (CLA)

The Recipient is expected to contribute to the Bureau for Global Health's commitment to a multifaceted collaborating, learning, and adapting (CLA) approach to development. A CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated, collaborative, and adaptive. A CLA approach builds in continuous feedback and internal and external learning so that the program can build on what works. For an HSS program, this might include building on existing monitoring, evaluation, research, and learning (MERL) efforts such as integrating timely implementation research into programs, strengthening the use of metrics and data, and ensuring strong knowledge management approaches. A CLA approach will create the conditions for successful health systems strengthening by:

- Collaborating: Leveraging partners and synergies to achieve system-wide objectives instead of working in siloes. Identifying areas of collective action and shared interest to improve country-level programs and strengthen the global HSS evidence. Making connections across countries and regions to facilitate effective knowledge exchange.
- Learning: Incorporating new and existing evidence and knowledge into work plans and activity designs in a timely way, as well as disseminating it broadly.
- Adapting: Ensuring that knowledge gained through learning influences decision making, resource allocation, and adaptation to contextual shifts. Application of new knowledge to implementation decisions should be reflected in the work plans and the MERL Plan. This is important in both routine implementations, and in fragile and conflict-affected settings where the activity must plan for potential shock-responsive approaches to implementation.

USAID anticipates that a strong focus on adaptive management techniques as expressed through staffing skills, structure and culture, business processes, and stakeholder engagement will be important in the implementation of this activity. This is aligned with systems practice/systems thinking approaches and helps to facilitate learning and adaptation to changing contexts, needs, or resources, and to maximize opportunities for impact. Thus, USAID anticipates an approach that tailors CLA to the needs and opportunities of IHSS and builds upon existing learning syntheses in the HSS space while leaving open options for future evolution in its interpretation and application.

4.e. Illustrative Activities

Provided the above focus areas, IRs and components, and program parameters, the following illustrative activities may be considered to achieve the objectives of IHSS. These activities are illustrative only; different activities may be needed to achieve the IHSS objectives depending on the implementation context and the activity's strategic approaches.

Illustrative Activities IR 1

Component 1.1: Improved capacity of health systems to effectively quantify, mobilize, and use financial and other resources[23] to efficiently and equitably achieve health objectives.

- Optimization of strategic purchasing approaches via insurance or contracting.
- Expansion of the utilization of health technology assessments or other such assessments to support decision-making
- Health resource tracking and analysis to improve health budget mobilization, execution, and planning
- Strengthen the capacity to convene and coordinate resource use across multi-sectoral stakeholders.
- Develop and evaluate innovative approaches to improve financial protection for vulnerable communities.

Component 1.2: Strengthened health system capacity to develop a well-managed, supported, and highly skilled workforce to meet countries' health care needs.

- Expand and strengthen human resource for health (HRH) information systems and increase utilization of HRH data and other relevant data to provide evidence-informed HRH decision-making.
- Support health training and educational institutions to strengthen learning platforms, educational content, and learning modalities that contribute to a high-performing health workforce.
- Develop and implement policies, procedures, and regulations to support performance, well-being, motivation, and retention of the health workforce.
- Support HRH strategic planning and strengthening of HRH management capacity.
- Promote regional and country-led efforts to integrate community health workers (CHW) into health workforce planning and management.
- Support implementation of community health roadmaps to develop a community health workforce that is increasingly skilled, salaried, supplied, protected, and offered opportunities for career progression.

[23] Other resources, such as physical infrastructure, labor, supplies, equipment that contribute to a health production function.

- Build the capacity of a One Health[24] workforce to address growing challenges such as climate resilience and climate mitigation and outbreak preparedness.

Component 1.3: Optimized system designs that improve and sustain integrated models of equitable, quality care and improve client outcomes.

- Support systematic approaches to strengthening, embedding, and implementing quality improvement processes and approaches across the health system.
- Apply social and behavior change theories and methods to address the underlying reasons for or facilitate shifts in health system actors'[25] performance and behaviors.
- Evaluate health system structural interventions to influence system actor behavior, such as health provider behavior to improve quality by closing the "know-do gap," or to shift norms and reduce corruption.
- Improve system capacity to develop and implement care models that respond to social determinants of health[26] and that combat inequities in access for vulnerable populations.
- Optimize networked, integrated care models with defined referral pathways that are comprehensive across the continuum of care.
- Identify opportunities for applying a systems approach to integrate essential public health functions into primary health care.

Illustrative Activities IR 2

Component 2.1: Enhanced institutional arrangements, including transparent policies, systems, and processes, to increase efficiency and effectiveness of integrated health system performance and accountability.

- Improve coordination, planning, management, and performance monitoring arrangements between national and sub-national health authorities.
- Support institutionalization of evidence-based policy processes and implementation at the national and sub-national level, including private sector providers.
- Strengthen digital health governance including through alignment of digital-enabled activities to country plans and global digital health best practices.
- Support development and implementation of national laws, policies, guidelines, and strategies across all sectors relevant to strengthening quality of care and coverage across the health system.
- Mitigate corruption risks by enhancing public financial management capacity, including support for fair procurement, stronger audit institutions and the prioritization of ethical standards, regulatory compliance, and transparency.

Component 2.2: Improved community health system integration into health system architecture to accelerate achievement of primary health care and health system goals.

[24] https://www.cdc.gov/onehealth/basics/index.html

[25] Can add definition here or at the end - ensure inclusion of environmental determinants of negative health outcomes such as heat, poor air quality, and undernutrition

[26] Add definition

- Enhance community-level governance structures that promote citizen voice, transparency and accountability in program planning and oversight.
- Strengthen platforms for community engagement in local health center planning and oversight.
- Strengthen community digital health systems and other relevant information systems that support integrated programming and health system decision making and quality care management, including both ongoingly and in response to changing environmental and political needs.
- Strengthen referral and transportation systems from the community level to primary and referral levels of care.

Component 2.3: Improved effective response and adaptation to both unanticipated shocks and ongoing health system stressors[27] at all levels of the health system.

- Identify and strengthen health system functions, policies, strategies, and capacities needed to address and mitigate climate and health risks, for example utilizing climate information services to improve health workforce management to utilize staff to meet evolving health needs.
- Ensure effective use of data to inform contingency planning at the sub-national level, including to protect vulnerable populations in advance of possible disruption, and to strengthen early warning systems.
- Support mechanisms for cross-sectoral coordination for continuity of care during emergencies and protracted crises, and for restoration and maintenance of routine service delivery.
- Support community capacity and resourcing to engage in local response systems aligned to community structures and to adapt to maintain functionality in response to shocks and stressors.

Illustrative Activities IR 3

Component 3.1: Strengthened HSS monitoring and evaluation for program, country, and global needs through robust metrics, standards, systems, and approaches.

- Improve availability, validation, and systematic use of globally-recommended and context-specific quantitative HSS metrics to monitor and evaluate health systems performance, and linkages to health outcomes.
- Improve understanding and use of qualitative approaches and mixed-methods approaches, to help understand health system challenges, opportunities, and outcomes.
- Leverage tools and approaches, including digital technologies, to support health system performance monitoring, data quality improvement, data availability, visualization and interpretation and use at all levels of the health system.

[27] Health system stressors include but are not limited to climate mitigation and adaptation, infectious disease outbreaks, disaster recovery, conflict response, and others.

Component 3.2: Strengthened capacity of government, local and regional partners for monitoring, evaluation, research, and learning (MERL) for health systems strengthening.

- Develop training and resources on using context-appropriate methods and metrics in health system performance monitoring and evaluation, including complexity-aware mixed methods as appropriate.
- Collaborate with local and regional partners to conduct timely implementation research that informs HSS practice and responds to context-specific evidence needs.
- Build capacity of both local and regional partners and government entities across different health system levels, through specific capacity-strengthening approaches, to generate and utilize data and evidence to learn and adapt in response to new information and changes in the health system context.
- Improve collaborative research agenda-setting processes.

Component 3.3: Increased knowledge synthesis, exchange, and collaboration to improve evidence translation and use by key audiences including USAID Missions and local, regional, and global HSS stakeholders.

- Advance global and country HSS learning agendas, support knowledge partnerships and strengthen data and evidence utilization among researchers, implementers, civil society, and policymakers.
- Improve existing networks and communities for HSS knowledge exchange to ensure that local voices are centered in HSS knowledge exchange agendas and can benefit from and/or lead knowledge exchanges to share and adapt local HSS knowledge.
- Synthesize global, regional, and local learning into knowledge products that can be tailored to the differing needs of local, regional, and global HSS stakeholders and shared using tools and platforms that allow stakeholders real time access to HSS knowledge, information, and research to ensure delivery of high-quality, evidence-based programs.
- Provision of technical assistance to USAID Missions to incorporate key findings of HSS learning and data into strategic plans and throughout HSS programming.

[END OF SECTION A]

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SECTION B: FEDERAL AWARD INFORMATION

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

USAID intends to award one (1) Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to $325,000,000.00 in USAID funding over a five (5) year period.

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

The anticipated period of performance is five (5) years from the date of award.

B.3. AREAS OF SUBSTANTIAL INVOLVEMENT

It is understood and agreed that USAID will be substantially involved during performance of this Agreement as outlined below:

i. Approval of Annual work plans (Implementation Plans). Annual work plans which require approval under this award are described in section **TBD**.
ii. Approval of Specified Key Personnel. Key Personnel which require approval under this award are described in section **TBD**.
iii. Approval of Agency and Recipient Collaboration or Joint Participation. This includes:
    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. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.
    2. Concurrence on the substantive provisions of sub-awards as described in 2 CFR 200.308 and sections **TBD** and **TBD** of this award.
    3. Approval of Recipient's monitoring and evaluation plans as described in **TBD**.
iv. Agency authority to immediately halt a construction activity. The AO may immediately halt a construction activity if identified specifications are not met. However, construction activities are not anticipated under this program.
v. Agency and Recipient Collaboration on Transition Award(s). As appropriate, feasible, and as requested by bureaus, independent offices or missions, the initial award resulting from this RFA will seek to transition direct USAID or other donor funding to local organizations that were subawardees on the initial award or that are approved as subawardees during implementation. While it is USAID's intent to make transition awards to qualified local subrecipients to accomplish the results described in Section A, there is no guarantee that the Agency will make a transition award. Decisions related to issuing a transition award and the selection of transition award Recipients are solely within USAID's discretion.

A transition award is an assistance award to a local entity or locally established partner (collectively referred to as local subrecipients) that is or has been a subrecipient under a USAID assistance award. A transition award can only be made when the following conditions have been met:

a. The Recipient of the transition award is a local subrecipient that has not previously received a direct award from USAID;
b. The initial award required the Recipient to develop the capacity of the local subrecipient(s) to become more capable of receiving a direct award from USAID or other donors; and
c. The initial award Recipient recommended the local subrecipient for a potential transition award based on explicit criteria contained in the initial award.

The terms "transition award," "local entity," and "locally established partner" are defined in ADS 303.6 – DEFINITIONS.

If a bureau, independent office, or mission indicates an intent to make a transition award as part of its buy-in to this initial award, the Recipient must provide local subrecipients a subaward to carry out a distinct portion of the work in the award's program description. (For example, in a field support-funded scope of work under this award, the Recipient may make an award to the local subrecipient to design and carry out a component of the HSS programming with the expectation that the subrecipient will receive a transition award to continue and/or expand the work in future years.) Like all Recipient and subrecipient relationships, the Recipient is required to monitor the local subrecipient and is ultimately responsible for the local subrecipient's work (see 2 CFR 200.331). The award must also include appropriate mechanisms to avoid, eliminate, mitigate, and reduce potential or actual conflict of interests, separate funds and accounts, and additional award oversight to ensure proper segregation of roles and funds resulting from an entity being a subrecipient and a beneficiary under the same award. After the Recipient identifies the local subrecipient(s) to USAID as having met the initial award capacity development criteria, the Agreement Officer (AO), in consultation with the Agreement Officer's Representative (AOR), may make the transition award consistent with the requirements in Section 5 of ADS Reference 303mbb.

Prior to recommending a local subrecipient to USAID, the Recipient must demonstrate that the local subrecipient has met the following criteria:

- Has the necessary staff with the technical knowledge, skills, and experience to carry out HSS activities;
- Has demonstrated an ability to maintain relationships with stakeholders;
- Has proficiency of financial management systems and internal controls;
- Has demonstrated management experience;
- Has the ability to use relevant IT systems or software needed to accomplish the HSS activity which is the basis of the transition award;

- Has the ability to monitor its own program performance in a cost-effective and efficient manner;
- Is registered in all applicable USG systems (for example, System for Award Management);
- Can meet any other pre-award requirements, including the risk assessment, as defined by the AO.

The Recipient is responsible for developing the local subrecipient's capacity and tracking progress towards meeting the criteria for a transition award. To assist in this effort, the Recipient will conduct a baseline capacity assessment at the time any subaward is made to a potential transition award Recipient, with a follow-up assessment prior to recommending the local subrecipient for a transition award. The content of the baseline capacity assessment will include the areas that the Recipient anticipates being needed by the subrecipient as well as areas of capacity that the subrecipient itself identifies as necessary for its further development. USAID strongly encourages the Recipient to consider local organizations and institutions for subawards independently of any determination that they meet the criteria for a transition award in the future. For example, the Recipient may select a local organization that has worked with USAID in the past as a subawardee, even though this organization would not be eligible for a transition award, as well as invite them to participate in capacity strengthening activities. The option to use transition awards is just one strategy for promoting localization.

a. Key Personnel

The positions listed below are considered essential to the work performed under this award. Prior to replacing the individual(s) currently in these positions, the Recipient must notify both the AO and the AOR reasonably in advance and must submit written justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. Requests for approval of Key Personnel must include (a) written justification, (b) CV in English, and (c) justification of salary proposed. As appropriate, any related changes to the agreement budget or sub-award arrangements must be included in the request for approval of Key Personnel. No replacement may be made by the Recipient without the written approval of the AO. Position descriptions and qualifications for each of the Key Personnel below are contained in Attachment **TBD**, Program Description.

The AOR must provide concurrence to the AO for any proposed changes in key personnel, and the AO must approve any replacement of key personnel positions as listed below:

Title
Project Director
Technical Director
Management and Operations Director
Director of Monitoring, Evaluation, Research, and Learning (MERL)
TBD

b. Sub-Awards

The subawardees listed below are approved for work to be performed under the Program Description as described in Section **TBD**. The Recipient must request approval for any sub-awards not listed below. The AOR must provide concurrence to the AO for any sub-awards, and the AO must approve any new sub-awards in writing.

Approved Sub-Awardees
TBD

B.4. AUTHORIZED GEOGRAPHIC CODE

The geographic code for the procurement of commodities and services under this program is 935.

B.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 Integrated Health Systems Strengthening Program 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]

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SECTION C: ELIGIBILITY INFORMATION

C.1. ELIGIBLE APPLICANTS

Eligibility for this NOFO is not restricted.

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

USAID welcomes applications from local organizations and/or consortiums that include local organizations. USAID defines a "local entity" as an individual, a corporation, a nonprofit organization, or another body of persons that:

(1) Is legally organized under the laws of; and
(2) Has as its principal place of business or operations in; and
(3) Is
    (a) majority owned by individuals who are citizens or lawful permanent residents of; and
    (b) managed by a governing body the majority of who are citizens or lawful permanent residents of the country receiving assistance.

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

Faith-based organizations are eligible to apply for federal financial assistance on the same basis as any other organization and are subject to the protections and requirements of Federal law.

Note: If partners are included in the application, then for the purposes of the technical and cost application for this RFA, partners should be grouped into two categories:

Principal consortia partners, which have an intended or proposed role across multiple scopes of work. The intended roles of principal consortia partners should be reflected as appropriate in the technical approach, the management and staffing approaches, and the cost narrative and budget. Signed letters of intent to collaborate shall be provided in a Technical Application Annex for partners in this category. All principal consortia partners included in the cost application will be considered subawardees and may be approved at time of award if they meet all pre-award requirements AND have a budget tab and narrative included in the cost application.

Resource partners, often regional or country-level organizations, which may have a role in one specific context or specific area of work as required, and do not have a proposed budget in the application. Signed letters of intent to collaborate are NOT required for partners in this category

and these partners are not approved as subawardees at the time of award. However, the technical and management narratives should still describe how these partners will be selected and utilized as required to successfully achieve the program purpose.

Formal consortiums should submit official consortium documentation as described in Section D of this RFA.

C.2. COST SHARING OR MATCHING

Cost sharing is not required under this award.

[END OF SECTION C]

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

D.1 AGENCY POINT OF CONTACT

Primary:
Name: Abibou Oussantidja
Title: Agreement Officer

Alternate:
Name: Ashley Neill
Title: Agreement Specialist

Q&A and Application Submissions: ihss_nofo@usaid.gov

D.2 QUESTIONS AND ANSWERS

Send any questions regarding this RFA to the "Q&A and Application Submissions" inbox noted in Section D.1. no later than the date/time shown on the cover page of this RFA. USAID will not respond to questions submitted after that date/time, nor will it respond to questions via telephone. USAID will post answers to the questions on www.grants.gov as an RFA amendment.

D.3 GENERAL INSTRUCTIONS

The Applicant is expected to review, understand, and comply with all aspects of this RFA.

D.4 APPLICATION DELIVERY INSTRUCTIONS

1. Applications must be sent to the "Q&A and Application Submissions" email address noted in Section D.1. Other methods of submission will not be accepted (e.g. Facsimile or hardcopy).
2. Applications are due no later than the closing date and time as indicated on the cover page of this RFA. Late submissions will not be accepted.
    a. Applicants are reminded that email is NOT instantaneous, and in some cases delays of several hours may occur from transmission to receipt. Therefore, please submit applications early. Applications that have arrived at the USAID mail server by the due date and time will be considered timely.
    b. USAID may experience problems receiving .zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Bureau for Global Health cannot guarantee their acceptance by the internet server. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions.

3. Technical and Cost Applications must be emailed to the "Q&A and application submission" email address as indicated in Section D.1 of this RFA.
4. Applicants may only submit one Technical Application and oneCost Application.
5. Technical and Cost Applications must be submitted separately. Technical Applications must not include any cost information so that the technical application can be evaluated independently from the cost application review.
6. The subject line of the Technical Application must follow the following format: "RFA 7200AA24RFA00011: Technical Application - [ORGANIZATION NAME]"
7. The subject line of the Cost Application must follow the following format: "RFA 7200AA24RFA00011: Cost Application - [ORGANIZATION NAME]"

Both the Technical and Cost Applications must include cover pages containing the following information:

- Title
- RFA Number: 7200AA24RFA00011
- Name of the Applicant Organization
- Applicant Unique Entity Identifier (UEI)
- Applicant's contact person, address, telephone number, and email address. Applicants must acknowledge whether the contact person is the person with authority to enter into agreement for the applicant, and if not, that person should also be listed along with their contact information and signature.
- Proposed subawardees listed separately, including subawardee UEI.
- Signatures of an authorized agent on behalf of the applicant. Unsigned applications will not be accepted.

Applications must comply with the following:

- Written in English
- Number pages consecutively
- Meet page requirements outlined below – USAID will not review any pages in excess of page limits noted.
- Use standard 8.5 inch by 11 inch, single-sided, 1.0 line/single spacing, 11-point Calibri font, 1-inch margins, left justifications and headers, and/or footers on each page including consecutive page numbers, date of submission, and applicant's name.
- Use 10-point font for graphs, charts, text boxes, figures, and graphics; tables must comply with the 11-point Calibri requirement.
- Submitted in Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel format.
- The full application must be searchable and editable Word or PDF format as appropriate.
- The estimated start date identified in Section B of this NOFO must be used in the cost application.
- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets; a PDF version of the Excel spreadsheet may be submitted in

addition to the Excel version at the applicant's discretion. However, the official cost application submission is the unlocked Excel version.

D.5 TECHNICAL APPLICATION FORMAT AND CONTENT

The technical application should be specific, complete, presented concisely, and demonstrate the applicant's capabilities and expertise with respect to achieving the results of this program. The technical application must take into account Section A: Program Description and Section E: Application Review Information of this NOFO.

The page limit for the technical application; including the executive summary, is thirty (30) pages. Any figures and tables within the technical application itself must fit within the page limit. The cover page, table of contents, acronym list, and annexes are excluded from the overall page limits.

Follow the outline and order of the technical merit review criteria provided in Section E, and as specified below. A complete application consists of the following:

(a) Cover Page (1 page, not included in page limit)
(b) Table of Contents (not included in the page limit)
(c) Acronym List (not included in the page limit)
(d) Executive Summary (1-2 pages, included in the page limit)
(e) Technical Approach - Factor 1 (14 pages maximum)
(f) Management and Institutional Capabilities - Factor 2 (9 pages maximum)
(g) Staffing Approach and Key Personnel - Factor 3 (5 pages maximum)
(h) Annexes (not included in overall page limit):
    a. Consortium-Wide Organogram
    b. CVs/Resumes of Proposed Key Personnel & References (no more than 3 pages per proposed Key Personnel)
    c. Signed Letters of Intent to Collaborate from Each Principal Consortia Partner
    d. Staffing Roster
    e. List of Potential Resource Partners (if proposed)
    f. Activity Start-Up Plan (no more than 7 pages)
    g. Illustrative Activity MERL Plan

(a) Cover Page (1 page, not included in page limit)

See Section D.4 (**APPLICATION DELIVERY INSTRUCTIONS**) for cover page requirements.

(b) Table of Contents (not included in the page limit)

Include all sections and annexes in the Table of Contents.

(c) Acronym List (not included in the page limit)

Include all acronyms used in the application.

(d) Executive Summary (1-2 pages, included in the page limit)

This section must provide a succinct summary of the application as a whole and should contain the information the applicant believes best represents its proposed project. This may include an overview of the proposed technical approach, expertise, and experience of the prime applicant and its proposed partners/subawardees, overall project management approach, and technical/managerial resources to achieve the proposed project.

(e) Technical Approach - Factor 1 (14 page maximum)

Provide a technical narrative outlining your approach to achieving the Results of the Program Description and incorporating the focus areas contained in Section A of the RFA. For each IR explain the approach(es) and interventions and how these will address the components of the results. In addition to providing one or more approaches to achieving the IRs and incorporating the focus areas as described in Section A, you should explicitly discuss incorporation of the cross-cutting programmatic principles and guidance described in Section A, as relevant, including for example USAID's policy guidance on gender, youth, climate integration, digital health, and other specific considerations. Finally, explain how you will utilize, leverage, or build upon existing global, regional, and country-based HSS initiatives, structures, and collaborations, and/or where your approach will fill gaps in these existing opportunities.

<u>Overall Technical Understanding and Approach</u>

Describe how your proposed approach contributes towards accomplishing the stated program purpose and results presented in this funding opportunity, focusing on what is technically and politically feasible within five years of the program.

- Describe your approach to achieving all relevant IRs inclusive of any proposed components specific to this NOFO and the proposed technical approach over the life of the five-year project. This includes but is not limited to describing the proposed approach(es) for taking a systems lens to integrated HSS implementation that incorporates strong technical capacities in the specific HSS functions and building blocks needed to successfully and sustainably achieve program objectives.
- Articulate your proposed activities to accomplish the stated program purpose and results presented in the Funding Opportunity Description, focusing on what is technically and politically feasible within the five years of the program. You should not merely repeat what is already described in the program description but describe how you and your resources propose to achieve the program purpose and results, detailing the results to be achieved and methodologies employed.

- Describe how you will implement an evidence-based global HSS program, including utilization of existing data as well as efforts to advance HSS measurement and learning, with attention to the program purpose, IRs, and focus areas described in Section A of this NOFO.
- Describe your proposed approach to global, regional, and local partnerships and collaboration to ensure IRs are met.
- Articulate how you might adapt and tailor approaches for different contextual needs, such as: working towards sustainability of interventions as appropriate for the context, meeting the needs of specific populations and communities, or advancing health system capacity in fragile and conflict-affected states.

Monitoring, Evaluation, Research and Learning and Knowledge Management

Demonstrate how HSS monitoring, evaluation, research, and learning (MERL) and knowledge management (KM) will be incorporated throughout implementation. This section should provide an overview of the MERL and KM activities incorporated in the proposed technical approach, for purposes including a) a focus on timely evidence use and adaptive management within the program, b) support for advancing, and alignment with, country monitoring and evaluation priorities, and c) advancing the state of the art in HSS MERL.

- Describe key priorities and potential challenges in measurement and evaluation of global and country-level project results and provide examples of how those challenges might be overcome within program activities.
- Describe key learning questions, approaches, and priorities to drive program MERL and KM, including rapid and timely approaches for integration and utilization of program learning to strengthen program adaptation, to advance the HSS evidence base, and to support effective HSS knowledge synthesis, dissemination, and uptake. Describe how data and knowledge will be generated, synthesized, and utilized.
- Provide an illustrative Activity MERL Plan (as an annex, not included in the page count) for the proposed project, to describe the monitoring, evaluation, research and learning metrics, approaches, and strategies across core- and field support-funded activities, including how both quantitative and qualitative MERL will be incorporated in different types of implementation contexts, and how performance will be measured.

(f) Management and Institutional Capabilities - Factor 2 (9 page maximum)

Provide an overview of the management approach in response to this NOFO. Provide a management approach consistent with the complexity of the proposed technical approach, addressing the ability to manage a) overall operations; b) global and regional implementation approaches or collaborations; c) country or technical area-specific approaches aligned with Mission buy-ins; d) potential capacity strengthening of local organizations; and d) partnerships with local organizations or groups, each bringing a particular set of experiences and expertise that would contribute to the accomplishment of the activities undertaken, and the objectives and IRs, within this NOFO. The overview should include the management process for responding to timely central investments or Mission buy-ins. You should highlight those areas of program

management *not* discussed in other sections. A draft startup plan will be an annex to this section (described below).

Activity Start-Up Plan (Annex, 7 pages maximum)

Provide an effective and feasible approach for mobilizing and staffing the project over the initial two months following award, at both country and global levels. This plan must:

- Describe a schedule and plan for mobilizing the project over the initial two months following award, including but not limited to timely availability of staff, submission of required work plans and documents, plan for collaboration with USAID teams, and other factors.
- Indicate how you will be able to rapidly prepare for and initiate timely activities across at least three country contexts during the immediate months after award (assuming funding availability), while also simultaneously addressing general program start-up needs.
- Incorporate principles of flexibility and adaptive management as appropriate.
- For the start-up plan, include Malawi, Ghana, and Haiti as illustrative countries.

Management Plan and Organizational Chart

This narrative section must detail a management structure and approach that ensures the efficient use of resources, as well as effective and adaptive management, strong technical implementation, and high quality administrative and financial support. You must explain the management structure presented in the consortium-wide organogram (Annex; see below).

- Describe the proposed principal consortia partners and justification for their selection. Justification should include how they contribute in achieving the activity's purpose and results, and in successfully implementing the proposed technical approach. Describe the agreed-upon roles and responsibilities of these partners in executing the proposed technical approach.
- Any formal arrangements for a consortium and with partner organizations and subawardees must be indicated.
- Describe strategies for ensuring effective and optimal use of all proposed principal and resource partners, while maximizing the cohesion of overall project activities and collaboration. Include a feasible and concise plan for effective coordination and technical engagement among all partners. This should incorporate and engage subrecipients as partners in the design and implementation of activities, including through co-creation of scopes of work with partners to the extent feasible.
- Describe strategies for providing oversight and support as the Applicant to proposed partners/subawardees. Describe internal management and operational plans and approaches for new and local partner capacity-building, as appropriate.
- Describe internal management strategies for ensuring effective communication and collaboration, including how you will develop clear lines of communication between activity staff, partners, and USAID. While USAID does not have or aspire to legal

relationships with subrecipients, where appropriate and feasible, partners should be present when USAID is interacting with the prime.

- Describe your operational approaches for assurance of timely and accurate management, disbursement, and reporting of multiple funding streams. Demonstrate experience in critical capacities including management of operations across multiple stakeholders, operating units, and financial streams, including in managing federal award funding across multiple funding streams and buy-ins.

Institutional and Consortium Capabilities

Through the narrative and experiences described, provide information on the following:

- The institutional capabilities of your organization and any proposed principal consortia partners, including the array of technical skills or characteristics in prime and/or in the consortia, and how these combined capabilities will effectively and efficiently support the achievement of the IHSS purpose and IRs and the proposed technical approach.
- Your relevant experiences within the last five years in implementing integrated HSS programs of similar size and scope in LMICs, including:
    - 1) the name, award number, and dollar value of any relevant awards;
    - 2) the role of the applicant (prime or subawardee) in those awards;
    - 3) the relevancy of any such experiences to this proposed activity; and
    - 4) in those experiences, how the applicant worked to ensure quality of implementation (including consistency in meeting goals and targets) and technical expertise; maintained schedule (including timeliness of performance) and cost control; and managed business relations, partnership development, management of sub-awards, and working with new/local partners.
- Your relevant experience in forming strong collaborative partnerships with a range of donors, implementing partners, governments, and host country organizations, among others; and
- A summary of the relevant experiences of the proposed principal consortia partners for the last five years, including:
    - 1) their past roles (prime or subawardee) in relevant awards;
    - 2) the relevancy of their experiences to this proposed activity; and
    - 3) what their technical (and managerial, if relevant) contributions were to the results achieved in those activities.

Consortium-Wide Organogram (Annex)

Include one consortium-wide organogram (as an Annex) with a visual representation of the structure and relationships across your organization as the prime, principal consortia partners, and/or resource partners proposed. The organogram should indicate proposed roles and responsibilities, lines of authority, and reporting within the project including both technical and administrative duties.

- If proposed, include as an annex the list of potential resource partners.

(g) Staffing Approach and Key Personnel - Factor 3 (5 pages maximum)

Demonstrate an appropriate organizational structure for the entire program. The proposed staffing approach in this narrative section is different from the Staffing Roster, Key Personnel CVs, and list of potential resource partners in the Annexes. More detail is expected in the narrative section, while these Annexes provide a concise, at-a-glance snapshot of personnel and technical background.

Staffing Narrative

In the narrative:

- Demonstrate the balance of skills that will be needed to support the achievement of the project's objectives and results and propose the optimal mix of technical and management personnel considered necessary for global leadership and country implementation. Successful applicants will have in-depth knowledge of and experience in both the needed HSS building blocks/functional areas, and the key cross cutting approaches and principles that will heavily inform project design, implementation, and MERL. The staffing level and pattern may be modified over time if needed to provide effective support to country programs as they evolve.
- For non-key personnel positions, include brief statements of major duties for any other full-time senior program (i.e.non administrative, non-support, non-part time) staff proposed.
- Demonstrate how these core staff capacities can be supplemented by a feasible and realistic plan to identify local organizations and expertise to support in-country integrated HSS programming in multiple countries simultaneously, as well as HSS experts with global and/or regional experience who may be mobilized quickly to address Mission buy-ins and/or unforeseen local health emergencies.
- Refer to the illustrative staffing roster as relevant to achieve the goals and objectives outlined above. The staffing roster should provide an illustration of staff that the applicant anticipates drawing upon for activity implementation and support to successfully implement the activity.

Key Personnel

The applicant may propose up to five total key personnel positions, but the following four are considered essential:

- The **Project Director** will have overall responsibility for coordination of project activities and staff. They will possess both deep applied experience in integrated HSS programs operating at country and headquarters levels and demonstrated abilities in leadership, strategic thinking, development of effective teams, and change management. They will provide strategic direction and management for the project and will proactively engage a broad range of donors and implementers in advancing integrated HSS programming

globally. They will have principal responsibility for representation of the project to USAID and will cultivate open and collaborative management relationships with the project management team at USAID Washington and with USAID Mission activity managers.

- Minimum requirements include:
  - An advanced degree in public health, international development, or a related field, including at least ten (10) years' experience in increasingly senior-level management positions and in leading large (>$20 million dollars) and complex (at least two health and development technical areas) portfolios that have a strong focus on applied HSS; OR a Bachelor's degree in public health, international development, or a related field with at least fifteen (15) years' experience in senior-level management positions and experience leading large and complex projects that have a strong focus on applied HSS.
  - A demonstrated record of leadership in successful design and management of HSS programs in low- and middle-income countries (LMICs), including experience leading projects and partner consortia across a range of contexts;
  - Demonstrated ability to effectively engage with government counterparts and local communities, and build donor and multilateral relationships; and
  - Demonstrated experience interacting with U.S. government agencies, including overseas offices.

- The **Technical Director** will have overall responsibility for the technical direction of the project. They will possess both experience in integrated HSS programs operating at country and headquarters levels and demonstrated technical abilities in implementation and technical leadership of integrated HSS across different health system contexts. They will provide strategic direction and technical oversight for the project and be able to proactively engage a broad range of technical experts and context-specific partners as needed to advance integrated HSS programming globally.
  - Minimum Requirements include:
    - An advanced degree in public health, international development, or a related field, with at least twelve (12) years' relevant experience in global public health and development, including demonstrated success in senior-level technically-relevant positions with large and complex projects that have a focus on applied HSS;
    - At least five (5) years' HSS activity design and implementation experience within and across LMIC contexts. In-country experience implementing large and complex HSS programs in LMICs is preferred;
    - Demonstrated record of technical leadership in integrated HSS; and
    - Demonstrates current technical understanding of the HSS evidence base.
- The **Management and Operations Director** will oversee management and operations of the project as a whole. They will possess a deep command of management processes generally and USAID reporting and compliance requirements specifically and demonstrate an ability to produce quality results on schedule.
  - Minimum Requirements include:

        - An advanced degree in business, management, finance, international development, public health, or a related field with at least ten (10) years' experience in global public health and development, including senior-level management positions and experience managing large (>$20 million dollars) and complex (at least two health and development technical areas) portfolio, including implemented by multi-partner consortia, OR a Bachelor's degree in business, public health, or a related field with at least fifteen (15) years' experience in international health and development, including in senior-level management positions and experience managing large and complex projects implemented by multi-partner consortia;
        - At least five (5) years' experience managing operations for health and development programming and activities within and across LMICs. In-country experience managing operations for large and complex USAID programs in the LMICs is preferred.
        - Demonstrated record of recruiting, managing, and developing personnel for large and complex projects;
        - Demonstrated record of overseeing/managing USG funding support to country-based, non-governmental organizations/civil society organizations to design and implement health and development programming;
        - Demonstrated experience in providing technical assistance to management and operational capacity building in new and/or local USAID subawardees or equivalent capacity-building experience funded by the U.S. Government;
        - At least five (5) years' experience managing the reporting and compliance requirements for large health and development contracts/subcontracts or agreements/sub-agreements that serve clients in LMICs funded by the U.S. Government; and
        - Experience interacting with U.S government agencies, including overseas offices.
- The **Director of Monitoring, Evaluation, Research and Learning (MERL)** will lead the project's learning agenda, monitoring, and evaluation requirements within and across countries, and support the design and implementation of adaptive management, M&E and learning strategies.
    - Minimum Requirements include:
        - An advanced degree in public health, or related field, with at least ten (10) years' experience in monitoring, evaluation, research and learning of global health programs;
        - Experience in qualitative and quantitative research skills, including but not limited to study design, survey instrument design and use, sampling, data analysis plans, data cleaning, statistical analysis, qualitative data analysis, and presentation and reporting and communication of quantitative, qualitative, and mixed methods results;

- Experience in incorporating systems practice and systems approaches into complex MERL;
- Knowledge and experience establishing and measuring health indicators, as well as associated capacity building with partner governments and local organizations; and
- Demonstrated experience in utilizing data and evidence to facilitate program adaptation and innovation, and in facilitating timely knowledge synthesis and/or generation, dissemination, and use.

In this narrative section, you must:

- Identify key personnel by name and position;
- Summarize key personnel qualifications, including, but not limited to, institutional, management, technical, and geographic skills, experience, and education;
- Describe how key personnel, in total, complement each other to achieve project objectives, including across the diversity of their combined institutional, management, technical, and geographic experience. Diversity of institutional, technical, management, and geographic experience across key personnel and other senior project staff is strongly encouraged by USAID;
- Include brief statements of major duties for each of the key personnel proposed; and
- Demonstrate, collectively across the key personnel, strong project and personnel management skills, innovation, and flexibility in technical practice and/or management, the ability to network and collaborate effectively with a wide range of stakeholders, and strong communication skills.

Please note that USAID reserves the right to verify expertise and attributes of proposed staff, in part through previous performance and references provided in the technical application, and through contact of references other than those provided in the application. USAID reserves the right to contact references other than those identified in the application.

In the Technical Application Annexes, you must include a signed letter of intent from each proposed key personnel stating that s/he is 1) available within one month of project start-up and 2) will participate for at least two (2) years post-award. Additionally, CVs/Resumes for each of the key personnel must be included in the Technical Application Annexes, and the Annexes must also include at least two references for each of the key personnel.

(h) Technical Application Annexes (not included in the overall 30-page limit)

- Consortium-Wide Organogram
- CVs/Resumes of Proposed Key Personnel & References (no more than 3 pages per proposed Key Personnel)
- Signed Letters of Intent to Collaborate from Each Principal Consortia Partner
- Staffing Roster
- List of Potential Resource Partners (if proposed)
- Activity Start-Up Plan (no more than 7 pages)
- Illustrative Activity MERL Plan

D.6 COST APPLICATION INSTRUCTIONS

The 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 cost application must illustrate the entire period of performance, using the budget format shown in the SF-424A form.

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

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

(a) Cover Page
(b) SF 424 Form(s)
(c) Budget and Budget Narrative
    1. Salaries and Allowances
    2. Fringe Benefits (if applicable)
    3. Travel and Transportation
    4. Procurement or Rental of Goods (Equipment and Supplies), Services, and Real Property
    5. Subawards
    6. Construction-if applicable
    7. Other Direct Costs
    8. Indirect Costs
    9. Cost Sharing-if included
(d) Cost Application Annexes
    1. Funding Restrictions (acknowledgement)
    2. Prior approvals in accordance with 2 CFR 200.407 (if applicable)
    3. Approval of Subawards/Partners
    4. Required Certifications and Assurances of the Prime Applicant
    5. Certificate of Compliance (if applicable)
    6. Consortium Documentation (if applicable)
    7. Prime Applicant's established written policies on personnel compensation
    8. Prime Applicant's and Proposed Subawardees'/Partners' NICRA (if applicable)
    9. Prime Applicant's and Proposed Subawardees'/Partners' Travel Policy (if applicable)
(e) Unique Entity Identifier (UEI) and SAM Registration
(f) Pre-Award Risk Assessment/History of Performance
(g) Branding Strategy & Marking Plan
    1. Branding Strategy
    2. Marking Plan

(h) Conflict of Interest Pre-Award Term

(a) Cover Page

The Cost Application Cover Page must contain the same information as the Technical Application Cover Page.

(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	https://www.grants.gov/web/grants/forms/sf-424-family.html
Application for Federal Assistance (SF-424)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424A	https://www.grants.gov/web/grants/forms/sf-424-family.html
Budget Information (SF-424A)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424B	https://www.grants.gov/web/grants/forms/sf-424-family.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) Budget and Budget Narrative

The Budget must be submitted as one unlocked 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 review time required to make an 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 cost sources to assist 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 Annex 1 for Summary Budget Template
- Detailed Budget for the Applicant, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the applicant's program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
- Detailed Budgets for each subrecipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

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

1) Salaries and Allowances – Must be consistent with 2 CFR 200.430 Compensation - Personal Services. The 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 the 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 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 sufficient 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 or supplies and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness considering such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, maintenance costs, condition, and value of the property leased.

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

6) Construction - if applicable.

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

8) Indirect Costs – You must indicate whether you are proposing indirect costs or will charge all costs directly. To better understand indirect costs please see Subpart E of 2 CFR 200. The application must identify which approach you 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 numbers 1-7 above on direct costs.

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

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

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

Method 4 - Indirect Costs Charged as A Fixed Amount

Eligibility: Non U.S. non-profit organizations without a NICRA may request, but approval is at the discretion of the AO for Initial Application Requirements: Provide the proposed fixed amount and a worksheet that includes the following:

- 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 you do not have an approved NICRA and do not elect to utilize the 10% de minimis rate, the AO will provide further instructions and may request additional supporting information, including financial statements and audits, if your application is still under consideration after the merit review. USAID is under no obligation to approve your requested method.

9) Cost Sharing – If included, you should estimate the amount of cost-sharing resources to be provided over the life of the agreement and specify the sources of such resources, and the basis of calculation in the budget narrative. You should also provide a breakdown of the cost share (financial and in-kind contributions) of all organizations involved in implementing the resulting award. **There is no cost sharing requirement for this RFA, and cost sharing is not anticipated at award.**

(d) Cost Application Annexes

1) Funding Restrictions (acknowledgement) (for both the prime and subawardees/partners)
Profit is not allowable for Recipients or subrecipients under this award. See 2 CFR 200.331 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the AO. 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.
As a default, construction will not be authorized under this award.

2) 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.

3) Approval of Subawards/Partners- You must submit information for all subawards that you wish to have approved at the time of award. For each proposed subaward provide the following:

- Name of organization
- Unique Entity Identifier (UEI)
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

4) Required Certifications and Assurances of the Prime Applicant- You must complete the following documents and submit a signed copy with your application:

(1) "Certifications, Assurances, Representations, and Other Statements of the Recipient" ADS 303mav document found at https://www.usaid.gov/ads/policy/300/303mav
(2) Assurances for Non-Construction Programs (SF-424B)

5) Certificate of Compliance (if applicable)-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).

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

7) Prime Applicant's established written policies on personnel compensation-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.

8) Prime Applicant's and Proposed Subawardees'/Partners' NICRA (if applicable)-Submit a copy of Applicant and proposed subawardee's approved NICRA and the associated disclosed practices.

9) Prime Applicant's and Proposed Subawardees'/Partners' Travel Policy (if applicable)-When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

(e) Unique Entity Identifier (UEI) and SAM Registration

USAID may not award to an applicant unless the applicant has complied with all applicable Unique Entity Identifiers (UEI) and System for Award Management (SAM) requirements. Each applicant (unless the applicant is an individual or entity that is exempted from UEI/SAM requirements under 2 CFR 25.110) is required to:

1. Provide a valid UEI for the applicant and all proposed subrecipients;
2. Be registered in SAM before submitting its application.
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.

UEI and SAM registration: https://sam.gov/content/home

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 https://sam.gov/content/home, navigate to Customer Service, then to External Resources. USAID will not make a Federal award to an applicant until the applicant has complied with all applicable UEI and SAM requirements and, if an applicant has not fully complied with the requirements by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant.

Per 2 CFR Appendix I to Part 200, Full Text of the Notice of Funding Opportunity, Section E, 3, USAID informs all potential applicants:

"i. That the Federal awarding agency [USAID], prior to making a Federal award with a total amount of Federal share greater than the simplified acquisition threshold, is required to review and consider any information about the applicant that is in the designated integrity and performance system accessible through SAM (currently FAPIIS) (see 41 U.S.C. 2313);

ii. That an applicant, at its option, may review information in the designated integrity and performance systems accessible through SAM and comment on any information about itself that a Federal awarding agency [USAID] previously entered and is currently in the designated integrity and performance system accessible through SAM;

iii. That the Federal awarding agency [USAID] will consider any comments by the applicant, in addition to the other information in the designated integrity and performance system, in making a judgment about the applicant's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants as described in § 200.205 Federal awarding agency review of risk posed by applicants." Applicants must set forth full, accurate, and complete information as required by this APS/request for full applications. The penalty for making false statements to the U.S. Government is prescribed in 18 U.S.C. 1001.

Applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video, on https://sam.gov/.

(f) Pre-Award Risk Assessment/History of Performance

Prior to award, the apparently successful Applicant may be required to submit additional documentation deemed necessary for the AO to assess the Applicant's risk in accordance with 2 CFR 200.205.

1. History of Performance

The Applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, for the past five years, 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 3 years;
- 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.

Past Performance is not an evaluation factor under this solicitation; however, Past Performance Information will be reviewed as a part of a Pre-Award Risk Assessment of the apparently successful Applicant.

2. Pre-Award Risk Assessment

The Applicant must submit any additional evidence of responsibility deemed necessary for the AO to make a positive risk assessment. The information submitted must substantiate that the Applicant:

- Has adequate financial resources or the ability to obtain such resources as required during the performance of the cooperative agreement;
- Has the ability to comply with the cooperative agreement conditions, taking into account all existing and currently prospective commitments of the Applicant, non-governmental, and governmental;
- Has a satisfactory record of performance. Previous relevant 'unsatisfactory' performance is sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent 'satisfactory' performance;
- Has a satisfactory record of integrity and business ethics;
- Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g. Equal Employment Opportunity laws); and
- Has a completed copy of certifications and assurances found in ADS 303.

(g) Branding Strategy & Marking Plan

The apparently successful Applicant is required to comply (and ensure compliance by partners) with USAID's branding and marking requirements set forth in 2 CFR 700.16 and ADS 320. These regulations and provisions include the requirement for the apparently successful Applicant to submit a Branding Strategy/Marking Plan (BS/MP) for pre-award review, negotiation, and approval by the AO. Under these regulations and provisions, the BS/MP does not need to be submitted until the Applicant is notified by the AO that it is the apparently successful Applicant and is requested to submit the BS/MP by a time specified by the AO.

Thus, the initial application is not required to include a BS/MP. Nevertheless, Applicants are encouraged, but are not required, to submit their BS/MP with their initial cost/business applications. Applicants who choose not to include their BS/MP with their initial cost/business application will not be penalized during the evaluation process, but should be aware that, if the Applicant is the apparently successful Applicant, the Applicant will be required to submit an acceptable BS/MP as a prerequisite for any resulting award. This would delay any such award, pending receipt, review, and, if necessary, negotiation of the Applicant's BS/MP. Moreover, because USAID's branding and marking requirements have cost implications, such costs must be included in the detailed budget even if the Applicant does not submit its BS/MP with the initial cost/business application.

Failure to submit or negotiate a BS/MP within the time specified by the AO may make the Apparently Successful Applicant ineligible for award. The AO shall review for adequacy the proposed BS/MP, and will negotiate, approve, and include the BS/MP in the award.

1. Branding Strategy – Assistance (June 2012)

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

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

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

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

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

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

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

(i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brandmark, with the tagline "from the American people" as found on the USAID Web site at http://www.usaid.gov/branding, unless Section VI of the RFA or APS

states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.

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

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

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

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

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

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

(i) Describe the main program message.

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

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

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

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

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

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

g. If the applicant receives an assistance award, the Branding Strategy will be 4 included in and made part of the resulting grant or cooperative agreement.

2. Marking Plan – Assistance (June 2012)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(v) The rationale for not marking program deliverables.

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

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

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

(iii) Undercut host-country government “ownership” of constitutions, 6 laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.

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

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

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

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

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

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

(l) Conscience Clause

CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)

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

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

(1) To endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or

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

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

Condoms (Assistance) (September 2014)

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

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

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

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

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

(b)(1) Except as provided in (b)(2), by accepting this award or any subaward, a nongovernmental organization or public international organization 10 awardee/subawardee agrees that it is opposed to the practices of prostitution and sex trafficking.

(b)(2) The following organizations are exempt from (b)(1): (i) the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency. (ii) U.S. non-governmental organization Recipients/subrecipients and contractors/subcontractors. (iii) Non-U.S. contractors and subcontractors if the contract or subcontract is for commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding.

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

(i) Providing supplies or services directly to the final populations receiving such

supplies or services in host countries;

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

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

(c) The following definitions apply for purposes of this provision:

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

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

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

d) The Recipient must insert this provision, which is a standard provision, in all subawards, procurement contracts or subcontracts for HIV/AIDS activities.

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

(h) Conflict of Interest Pre-Award Term

CONFLICT OF INTEREST PRE-AWARD TERM (August 2018)

a. Personal Conflict of Interest
1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an 8 Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or Recipient employee.

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

b. Organizational Conflict of Interest

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

[END OF SECTION D]

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SECTION E: APPLICATION REVIEW INFORMATION

E.1. REVIEW AND SELECTION PROCESS

The AO will review applications received by the deadline (stated in the Cover Letter) for eligibility and responsiveness. Next, the Merit Review Committee (MRC) will review any eligible and responsive applications against the merit review criteria (see section E.2). Then, the AO will review the cost application information (see section E.3). Lastly, the AO may make an award to the Applicant with the application that offers the best solution, considering technical merit and cost. Award may be made with or without a request for additional detail on the application. USAID reserves the right to make one award, multiple awards, or no awards.

E.2. Technical Merit Review

USAID will review technical applications in accordance with the following criteria shown in descending order of importance, with criterion 1 being more important than criterion 2, and criterion 2 being more important than criterion 3. USAID will assign an adjectival rating to each merit review criterion. The three criteria below do not include sub-criteria.

Merit Review Criterion #1-Technical Approach (Most Important)

The Applicant's technical approach will be evaluated in terms of overall quality and the extent to which the Applicant includes a convincing and feasible approach to achieving the results across the focus areas and other relevant components and parameters stated in Section A: Program Description. The technical approach will be evaluated based on the extent to which the application demonstrates the following:

- The Applicant's knowledge and articulation of the technical areas and principles of IHSS as described in Section A: Program Description;
- Incorporation of strategic technical approaches to address challenges and opportunities at community, country, regional, and global levels to achieve the IRs, incorporating the focus areas described in the Program Description;
- Understanding and incorporation of current HSS evidence, to advance an evidence-based global HSS program;
- Appropriate inclusion of or reference to ongoing HSS initiatives, structures, and collaborations at global, regional, and/or country levels;
- Understanding of the relationships between integrated health systems strengthening programs and achievement of USAID, country, and global health and development goals;
- Ability to adapt and tailor approaches for different communities and contextual needs, including during times of conflict or fragility; and
- The MERL plan overall is feasible, complete, and appropriate, reflecting an understanding of the state of the art in HSS MERL that will strengthen the global HSS evidence base and strengthen country HSS programming.

Merit Review Criterion #2- Management and Institutional Capabilities (Second Most Important)

The applicant's management approach and institutional capabilities will be evaluated based on the extent to which the application effectively demonstrates the following:

- Institutional and management capabilities needed to achieve the project's components, results, and objectives consistent with the proposed technical approach. This includes a clear global, regional, and local approaches to management and operations that reflects feasible, collaborative, and timely processes to underpin program success;
- Programmatically relevant institutional experience in establishing and managing strong collaborations and partnerships with diverse partners, including local public and private research institutions, policy makers, program implementers, civil society organizations, multilateral partners, communities, and government counterparts at global, national, and sub-national levels in HSS;
- The capacity to appropriately incorporate and engage subrecipients as partners in the design and implementation of activities, including justification and strategies for ensuring effective and optimal use of all proposed principal consortia and resource partners, while maximizing the cohesion of overall project activities and collaboration;
- The capacity to ensure effective communication and collaboration among USAID, project headquarters, partners, field offices, and other stakeholders;
- Experience managing operations across multiple stakeholders, operating units, and financial streams, including the timely and accurate management, disbursement, and reporting of subawards and federal award funding across multiple funding streams and buy-ins;
- Experience in successfully operationalizing new and local partner capacity-building, as appropriate; and
- An effective and feasible approach for mobilizing and staffing the project during the first two months of award, at both country and global levels.

Merit Review Criterion #3- Staffing Approach and Key Personnel (Least Important)

Staffing Approach and Key Personnel will be evaluated based on the extent to which the application demonstrates the following:

- The balance of skills that will be needed to support the achievement of the project's objectives and results, including an optimal mix of technical and management personnel with the relevant technical, management, and geographic expertise necessary for global leadership and country implementation;
- An appropriate organizational structure for the entire activity across the proposed staffing and management plan - including Key Personnel, staff skills matrix, and consortium-wide organizational chart (Annexes) - demonstrating clear, strategic, and appropriate roles and responsibilities for consortium members;
- How core staff capacities can be supplemented by a feasible and realistic plan to identify local organizations and expertise to support in-country integrated HSS programming in multiple countries simultaneously, as well as HSS experts with global and/or regional

experience who may be mobilized quickly to address Mission buy-ins and/or unforeseen local health emergencies; and

- The proposed Key Personnel meet the outlined criteria for the specified Key Personnel (Project Director, Technical Director, Management and Operations Director and Director of Monitoring, Evaluation, Research and Learning, and any additional specified Key Personnel).

E.3. Cost Application Review

The Agency will review (1) the cost application of the apparently successful applicant as a result of the technical merit review to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E; and (2) the overall adequacy of the budget detail, cost effectiveness, reasonableness, allocability, allowability, and realism.

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program; (2) the applicant's ability to perform the activities within the costs stated in the application; (3) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (4) whether any special conditions relating to costs should be included in the award.

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

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

[END OF SECTION E]

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

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: ADS 303, Standard Provisions for Non-U.S. Non-governmental Organizations.

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

3. Reporting 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: ADS 303, Standard Provisions for Non-U.S. Non-governmental Organizations.

a. Financial Reporting:

a. Quarterly Financial Reports: The Recipient must submit the Federal Financial Form (SF-425) on a quarterly basis electronically to the U.S Department of Health and Human Services (HHS) (http://www.dpm.psc.gov), the AO, and the AOR within 30 days of the end of each quarter corresponding to USAID's fiscal year from October 1st through September 30th. The AO may request additional financial information.

b. Final Financial Report: Final Financial Reports are due within 90 days of the expiration of this award. The Recipient must submit financial reports to USAID/Washington, M/CFO/CMP-LOC Unit, the AO, and the AOR. The Recipient must submit the final SF-425 to HHS in accordance with paragraph (a) above. The AO may request additional financial information.

c. Foreign Tax Reports: The Recipient must provide a standard tax report for each Fiscal Year and provide it to the AO and AOR prior to April 16th of each year. The Recipient must include this reporting requirement in all applicable sub-agreements, including subawards and contracts.

b. Performance Reporting

The Recipient will be required to submit the following performance reports *electronicall*y to the AOR in accordance with 2 CFR 200.329.

i. Start-Up and Annual Work Plans

Rapid start-up will be a priority for this award. Within one week post-award, all key personnel will meet with the IHSS USAID management team in Washington, DC (hybrid is possible if needed given the timeline, but in-person in DC is preferred) to review and agree upon the proposed start-up plan for the first two months of the project, to allow initial implementation to begin. During the initial two-month period, key personnel will meet with the USAID management team to discuss the remainder of the full work plan to be implemented for the first year. This full work plan must be submitted 60 days after the date of award. USAID will provide written comments within 10 business days of receipt. The Recipient must then provide the revised Implementation Plan to the AOR for approval no later than 10 business days after receipt of USAID comments and suggestions.

The annual work plan will identify the activities to be carried out and results to be achieved in the coming implementation year at a greater level of detail than in the Program Description but must not serve to change the Program Description in any way. As a result, all work plans, and changes/revisions to work plans should cross-reference the applicable sections in the Program Description.

The work plan must include the funding sources to be used for that work, the counterparts that will be involved in these activities both as subawardees and as other technical collaborators, and the timeline for such activities. The work plan serves several purposes, including a guide to program implementation; a rationale and demonstration of links between activities, strategic direction, outcomes and intended results; linkages to annual performance indicators; and a basis for budget estimates, including activities implemented with co-funding or other financial contributions. The work plans should be organized to clearly link activities to the objectives and outcomes in the Program Description. The Recipient must ensure a collaborative process in work plan development by consulting appropriate partners, USAID, and other relevant

stakeholders who are included in preparing the annual work plan to ensure complementarity and shared ownership.

The work plan will be updated annually based on the project year schedule and implementation schedule. The USAID work plan period is October-September; depending on the date of award, the first and last year work plans for the project may cover more or less than twelve calendar months. Subsequent work plans and associated budget estimates should be submitted 60 days prior to the beginning of each USAID each fiscal year (October 1). The Recipient will work with the AOR throughout the annual work plan development process to ensure the annual work plan appropriately reflects activity objectives and the Program Description. These subsequent annual plans should also propose program adjustments to reflect any lessons learned or contextual changes, as needed. As with the initial Implementation Plan, the AOR will review the plan and provide written comments and recommendations. These comments should be incorporated within ten (10) business days of receipt into the final version submitted to the AOR for approval. In addition, all substantial changes in the Annual Implementation Plan require prior written approval of the AOR.

The Recipient must not submit annual work plans to USAID's Development Experience Clearinghouse (DEC).

ii. Monitoring, Evaluation, Research and Learning Plan (MERL Plan)

The Recipient must submit a complete Monitoring, Evaluation, Research and Learning Plan (MERL Plan) to the AOR electronically within 45 days of the award, based on the version that was submitted as part of the proposal. The MERL Plan will cover the full period of the Cooperative Agreement and should be revised as needed in response to changes in the activity or context that occur during the life of the activity. The MERL Plan will include proposed indicators for measuring progress on all activities, baseline data, and clear targets throughout the life of the activity. The MERL Plan will also include a description of the full range of MERL approaches that will be incorporated throughout the activity and how they will come together to support program learning, evidence, data use, knowledge sharing and adaptive management, at both country and global levels.

USAID staff will review and approve the Recipient's MERL Plan to ensure that it is appropriate for the activities to be undertaken as part of the Cooperative Agreement and for compliance with the MERL guidance established by USAID or other guidance otherwise applicable to this Cooperative Agreement.

USAID will provide written comments and suggestions on the MERL Plan to the Recipient within ten (10) days of receipt, and the Recipient must finalize the plan no later than ten (10) days from receipt of USAID comments and suggestions.

iii. Quarterly Performance Reports

The Recipient must submit the Quarterly Performance Report to the AO and AOR electronically

during the life of this Award. The Recipient must submit the reports in accordance with USAID's quarterly reporting schedule, i.e., October 1 to December 31; January 1 to March 31; and April 1 to June 30. The final quarterly report, representing activities conducted from July 1 to September 30, should be incorporated into the Annual Report, described below.

The three quarterly reports are due no later than 30 days after the end of each quarter, using a format and length agreed upon by the AOR. These reports should reflect the annual work plan and should focus on succinctly describing program performance, including: activities undertaken, and targets reached, or successes achieved during the quarter; the role of partners and collaborations; and links or directions to any completed products, deliverables, reports, or other tangible knowledge products. The quarterly reports should also describe any challenges faced or lessons learned, and any necessary adjustments that will be undertaken in the following quarter. Once approved by the AOR, these quarterly reports should be submitted to the USAID DEC, per ADS 540 requirements.

iv. Annual Performance Reporting

The Annual Report replaces the report for the final quarter of each work plan year. This report will be due thirty (30) days after the end of the program year. In the full Annual Report, the Recipient must describe the activities of the year that is ending, the activities that were implemented, the results achieved, and any problems that existed and how they were resolved. This includes information regarding any development(s) that may have a significant impact on performance, including, but not limited to, obstacles faced, relevant contextual changes, or assumptions violated. This report should also include key successes and accomplishments for the year. The detailed format and length of the Annual Report will be agreed upon between the Recipient and AOR.

As appropriate, the Recipient must submit copies of required reports and other deliverables and knowledge products to USAID's Development Experience Clearinghouse (DEC), and indicator results and other awards data through the Agency's Development Information Solution (DIS), the Agency's web-based portfolio management system, or other updated electronic systems for Agency reporting as required.

v. Final Performance Report

The Recipient must submit a draft of the Final Performance Report to the AOR no later than 90 days following the estimated completion date of the Cooperative Agreement. The Final Report should reflect, at minimum, a synthesis of major activities and deliverables completed, the countries of implementation, and the key results achieved in both qualitative and quantitative formats as appropriate. Additionally, if transition award processes are initiated through buy-ins by any bureaus, independent offices or missions under this award, the Recipient will provide a transition report as part of the award close out. The detailed structure and format of the report will be agreed upon between the Recipient and the AOR.

vi. Demobilization Plan

Six months prior to the completion date of this cooperative agreement, the Recipient must submit a demobilization (close-out) plan for AOR approval. The demobilization plan must include 1) draft property disposition plan, 2) a plan for the phase-out and/or transition of in-country operations and global activities, 3) a staffing discharge plan, 4) delivery schedule for all reports or other deliverables required under the agreement, and 5) timeline for completing all required actions in the demobilization plan, including the submission date of the final property disposition plan to the AO and the final submission of program data to the DIS and of program reports to the DEC, as required.

c. Notification

As specified in 2 CFR 200.329(e), the Recipient must promptly notify the AOR and AO in the case of: (1) developments which have a significant impact on the Activities supported by this Award; or (2) problems, delays, or adverse conditions which materially impair the ability to meet the objectives of this Cooperative Agreement. This notification must include a statement of the action taken or contemplated, and any assistance needed to resolve the problem.

4. Program Income

No program income is anticipated under this award.

5. Environmental Compliance

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered, and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (http://www.usaid.gov/policy/ADS/200/), which, in part, requires 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. Applicant environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this NOFO.

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

No activity funded under this CA 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.”).

As part of its initial work plan, and all Annual work plans thereafter, the Recipient, in collaboration with the USAID AOR 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 Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

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

A provision for subawards is included under this award; therefore, the Recipient will be required to use an Environmental Review Form (ERF) or Environmental Review (ER) checklist using impact assessment tools to screen subaward proposals to ensure the funded proposals will result in no adverse environmental impact, to develop mitigation measures, as necessary, and to specify monitoring and reporting. Use of the ERF or ER checklist is called for when the nature of the grant proposals to be funded is not well enough known to make an informed decision about their potential environmental impacts, yet due to the type and extent of activities to be funded, any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the ERF or ER checklist is completed and approved by USAID. The Recipient is responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented.

The Recipient will be responsible for periodic reporting to the USAID AOR, as specified in the Program Description of this award.

6. Management Reviews

Annual management reviews will be conducted by the USAID Management Team, providing an opportunity to examine issues impacting project implementation, potential, and efficiency, as well as the opportunity to reflect on and make recommendations regarding any modifications necessary to improve project management and performance. The USAID Management Team will also monitor both financial and technical performance on an ongoing basis and will carry out periodic reviews of specific aspects of performance. Feedback on the Recipient’s performance will be collected from key stakeholders, including host-country counterparts and missions, and will be shared with the Recipient to improve performance.

[END OF SECTION F]

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

1. NOFO Points of Contact

Abibou Oussantidja
Agreements Officer
Office of Acquisition & Assistance, GH Division
500 D Street SW, Washington, DC 20024 (USAID Annex)
ihss_nofo@usaid.gov

2. Acquisition and Assistance Ombudsman

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

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

[END OF SECTION G]

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SECTION H: OTHER INFORMATION

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

1. Branding Strategy and Marking Plan

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

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

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

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

[END OF SECTION H]

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SECTION I: ANNEXES

ANNEX 1 - SUMMARY BUDGET TEMPLATE

The budget is the financial expression of the activity. In addition to the submission of the SF-424A, the applicant must provide an additional summary budget using the format below.

Description	Year 1	Year 2	Year 3	Year 4	Year 5	Total 5 Years
Direct Costs						
Personnel (Salaries & Allowances)						
Fringe Benefits						
Travel & Transportation						
Procurement of Rental Goods (Equipment & Supplies) and Real Property						
Subawards/Contractual						
Construction, if applicable						
Other Direct Costs						
Total Direct Costs						
Indirect Costs						
Total Indirect Costs						
Cost Sharing, if applicable						
Total Estimated Amount						
Cost Share Amount (Voluntary Contribution)						

ANNEX 2 - STANDARD PROVISIONS

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

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

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

Required	Not Required	Standard Provision
TBD		RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (NOVEMBER 2020)
		RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (NOVEMBER 2020)
		RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (For-Profit) (DECEMBER 2022)
		RAA4. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
		RAA5. (RESERVED)
		RAA6. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
		RAA7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
		RAA8. CARE OF LABORATORY ANIMALS (MARCH 2004)
		RAA9. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (DECEMBER 2022)

		RAA10. COST SHARING (MATCHING) (FEBRUARY 2012)
		RAA11. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
		RAA12. INVESTMENT PROMOTION (DECEMBER 2022)
		RAA13. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2022)
		RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
		RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
		RAA16. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
		RAA17. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
		RAA18. (RESERVED)
		RAA19. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
		RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
		RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
		RAA23. UNIVERSAL ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM (DECEMBER 2022)
		RAA24. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2022)
		RAA25. PATENT REPORTING PROCEDURES (DECEMBER 2022)
		RAA26. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)

		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2022)
		RAA28. (RESERVED)
		RAA29. (RESERVED)
		RAA30. PROGRAM INCOME (AUGUST 2020)
		RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (NOVEMBER 2020)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		RAA5. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
		RAA6. UNIVERSAL ENTITY IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (SAM) (DECEMBER 2022)
		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2022)
		RAA8. SUBAWARDS (DECEMBER 2014)
		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
		RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)

		RAA11. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2022)
		RAA12. PATENT RIGHTS (DECEMBER 2022)
		RAA13. (RESERVED
		RAA14. INVESTMENT PROMOTION (DECEMBER 2022)
		RAA 15. COST SHARE (JUNE 2012)
		RAA16. PROGRAM INCOME (AUGUST 2020)
		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
		RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
		RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
		RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
		RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
		RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
		RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
		RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
		RAA26. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
		RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)

		RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2022)
		RAA29. (RESERVED)
		RAA30. (RESERVED)
		RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

ANNEX 3 - ABBREVIATIONS AND ACRONYMS

ADS	Automated Directive Systems
AO	Agreement Officer
AOR	Agreement Officer's Representative
APS	Annual Program Statement
BEO	Bureau Environmental Officer
BS	Branding Strategy
CA	Cooperative Agreement
CFR	Code of Federal Regulations
CHW	Community Health Workers
CLA	Collaborating, Learning, and Adapting
DEI	Diversity, Equity, and Inclusion
DEIA	Diversity, Equity, Inclusion and Accessibility
EA	Environmental Assessment
ER	Environmental Review
ERF	Environmental Review Form
FAA	Foreign Assistance Act
HIV/AID	Human Immunodeficiency Virus
HRH	Human Resource for Health
HSS	Health System Strengthening
IEE	Initial environmental examination
IHSS	Integrated Health System Strengthening
LMIC	Low And Middle-Income Countries
MERL	Monitoring, Evaluation, Research and Learning
MP	Marking Plan

MTDC	Modified total direct costs
NICRA	Negotiated Indirect Cost Rate Agreement
NOFO	Notice of Funding Opportunity
OFAC	Office of Foreign Assets Control
PHC	Primary Health Care
RFA	Request for Assistance
SAM	System for Award Management
SDG	Sustainable Development Goal
UEI	Unique Entity Identifier
UHC	Universal Health Coverage
UN	United Nations
USAID	The United States Agency for International Development
WHO	World Health Organization

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