



USAID | NIGERIA

FROM THE AMERICAN PEOPLE

ISSUE DATE: October 09, 2024, 4:30 PM WAT

PRE-APPLICATION CONFERENCE: October 23, 2024, in Abuja, Nigeria; please see below for registration details

DEADLINE FOR QUESTIONS: October 25, 2024, 4:30 PM WAT

CLOSING DATE AND TIME: November 15, 2024, 4:30 PM WAT

PROGRAM TITLE: USAID Primary Health Care Improvement Program (UPHIP)

SUBJECT: Notice of Funding Opportunity (NOFO) Number: 72062024RFA00009

Dear Interested Parties,

The United States Agency for International Development (USAID) seeks concepts from qualified entities to implement the USAID Primary Health Care Improvement Program. Eligibility for this award is restricted to local Nigerian organizations.

USAID intends to issue one or more awards to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO, subject to a risk assessment. Eligible parties interested in applying are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements and selection process.

USAID anticipates that a pre-application conference will be held in Abuja, Nigeria on or about October 23, 2024. The pre-application conference will be open to no more than 150 participants. Participants will be invited on a “first come, first served” basis from their date of registration. Applicants may register **no more than two participants per organization**. If you are interested in attending this pre-application conference, please respond using [this link](#). Details regarding the final date and location will be provided to those that register.

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on www.grants.gov, and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process.

Questions regarding this funding opportunity must be sent electronically to abujasolicitations@usaid.gov. The deadline for receipt of questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to NOFO posted to www.grants.gov.

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

Thank you for your interest in USAID programs.

Sincerely,

MARVA
MICHELL
E BUTLER
(affiliate)

Digitally signed
by MARVA
MICHELL
BUTLER (affiliate)
Date: 2024.10.09
16:02:25 +01'00'

Marva M. Butler
Agreement Officer
USAID/Nigeria

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SECTION A: FEDERAL AWARD INFORMATION

1. Estimated of Funds Available and Number of Awards Contemplated

USAID intends to issue one or more renewal cooperative agreement awards under this notice of funding opportunity.

A renewal award allows an award to adapt, within the five-year maximum period of performance, to changing contexts, lessons learned during implementation, and performance by related activities within a project that affect the overall effectiveness of the initial award. A renewal award requires the recipient to re-apply at a specified point during performance to continue the award. The initial period of performance awards is three years, with the possibility to renew for an additional two years.

Subject to funding availability, USAID intends to provide up to \$40,000,000 in total USAID funding for one or more renewal awards over a five-year period, across two phases (initial and renewal).

Initial Period of Performance (Project Year 1- 3): Up to \$24,000,000.

Renewal Period of Performance (Project Year 4-5): Budgeted up to \$16,000,000; however, the final amount to be determined in the programmatic review.

Actual funding amounts are subject to availability of funds. USAID reserves the right to fund any or none of the applications submitted.

2. Start Date and Period of Performance for Federal Awards

The anticipated total period of performance is five years. The estimated start date will be upon the issuance of the awards by the Agreement Officer.

3. Award Renewal

The UPHIP award will be a cooperative agreement divided into two performance periods, the Initial Period (Project Years 1-3) and the Renewal Period (Project Years 4-5).

Renewal of the award is conditioned upon the availability of funds; satisfactory progress toward meeting the award objectives; submission of required reports; and compliance with the terms and conditions of the award, including the conditions for renewal.

If the Renewal period is executed, the start date of the renewal period will be concurrent with the expiration date of the Base period to prevent a break in the activities or funding. In the event the award is not renewed, USAID will inform the recipient in a timely manner and provide sufficient time to complete the program activities prior to the end date of the initial award period.

Performance Indicators for Renewal

There will be an assessment to determine if this award will continue beyond the initial three-year period and be considered for renewal for up to an additional two-year period. USAID will externally and

objectively verify achievement of key results. Below are some illustrative examples that will be considered:

- At least 20% increase in overall capacity assessment scores from baseline to midline and a minimum of an additional ten percent increase in overall capacity assessment scores from midline to end-line capacity assessments of health facilities. This measurement will be verified by the MOH and USAID.
- Increased accuracy of malaria testing with RDTs or microscopy (malaria test rate) and treated.
- Retention of 80% of the ANC 1 attendees through labor/delivery and postnatal care.
- Decreased facility maternal mortality ratio by 40% by the end of the award
- Decreased average per capita out-of-pocket expenditure by 50% in implementation areas
- Increased fully immunized children by about 40% of the baseline

Please note the above are illustrative and will be negotiated with the successful applicant(s) after the baseline has been determined. This measurement will be verified through a third-party providing support and verification. The applicant will work closely with an external partner, to be hired by USAID, during the annual performance audits to verify achievement for the above results.

4. Substantial Involvement

As per ADS 303.3.11, USAID/Nigeria will remain substantially during award implementation. Substantial involvement under the resulting awards will include the following:

- (a) The Agency's approval of the recipient's implementation plans during performance. USAID requires approval of implementation plans annually to incorporate changed contexts or new information required in the activity, USAID may consider changes to an implementation plan. These plans include:
 - a. Annual Work Plans
 - b. Annual Monitoring and Evaluation Plan
- (b) Approval of Key Personnel. The recipient must obtain prior USAID approval of Key Personnel positions, which are deemed essential to the successful implementation of the activity. USAID reserves the right to determine the relevance of education and experience for all Key Personnel positions.
- (c) The Agency's ability to immediately halt an activity if the recipient does not meet identified performance targets.
- (d) The Agency's review and approval of substantive provisions of proposed subawards or contracts. The Recipient must obtain Agreement Officer approval prior to the issuance of any subawards or the transfer or contracting out of any work under an award.

- (e) USAID and recipient collaboration or joint participation, including USAID involvement as a member of advisory committees, when the recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge. This includes USAID participation in specific meetings with partners, donors and the GON.
- (f) Agency monitoring to permit specific kinds of direction or redirection of the work because of the interrelationships with other USAID or donor programs, alignment with U.S. Foreign Policy objectives, and USAID/Nigeria strategy.
- (g) Highly prescriptive Agency requirements established prior to award that limit the recipient's discretion with respect to the scope of services offered, organizational structure, staffing, mode of operation, and other management processes, coupled with close monitoring or operational involvement during performance over and above the normal exercise of Federal stewardship responsibilities to ensure compliance with these requirements.

5. Authorized Geographic Code

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

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

6. Nature of the Relationship between USAID and the Recipient

The principal purpose of the relationship with the Recipients and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the USAID Primary Health Care Improvement Program (UPHIP) 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 A]

SECTION B: ELIGIBILITY

1. Eligible Applicants

Eligibility for this NOFO is restricted to local Nigerian 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 Nigeria;
- (2) Has as its principal place of business or operations in Nigeria; and
- (3) Is
 - a. majority owned (51%) by individuals who are citizens or lawful permanent residents of Nigeria; 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 governing body by any means.

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

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.

2. Other

An organization may submit only one (1) concept paper under this notice of funding opportunity. However, organizations participating as a member of a consortium may elect to participate in another consortium under a different concept paper.

In support of the Agency’s interest in fostering a larger assistance base and expanding the number and sustainability of development partners, USAID encourages applications from potential new and underutilized implementing partners who may not have previously received financial assistance from USAID. Any resultant award to a new organization may require a pre-award review of the organizations as part of a “risk assessment” of a potential recipient.

New partner is defined as an organization that has never received direct or indirect awards from USAID. An underutilized partner is defined by the Agency as an organization that has received less than \$25 million in direct or indirect awards from USAID over the past five years. The five years is relative to when the organization is applying to a USAID procurement/funding opportunity.

Non-U.S. Organization Pre-award Survey Guidelines and Support is available in the following link:
<https://www.usaid.gov/sites/default/files/documents/303mak.pdf>.

[END OF SECTION B]

SECTION C: PROGRAM DESCRIPTION

Title: USAID Primary Health Care Improvement Program (UPHIP)

1. Introduction

The United States Agency for International Development in Nigeria (USAID/Nigeria) seeks applications from qualified Nigerian Organizations to build a more effective, resilient, and responsive primary healthcare system that can adapt to the changing needs of the Nigerian population through the "USAID Primary Health Care Improvement Program (UPHIP)." UPHIP will support the Government of Nigeria (GON)'s ambitious Nigeria Health Sector Renewal Investment Plan.

Goals

- Through awards under this program description, USAID/Nigeria will support the country's goal of moving to a sector-wide approach by supporting one country's plan, budget, and report and to transform the health sector in Nigeria to provide a healthier, more productive future for all Nigerians.
- Address supply and demand side issues among selected primary and secondary referral facilities to develop networks of service providers and care and reduce disease-specific siloes so that care is continuous and well-coordinated across patient lifespans.

USAID intends to issue one or more awards that will collaborate with USAID/Nigeria's other activities that focus on the areas of human resources for health, healthcare financing (including support for health insurance), community health, social and behavior change communication, data use, and strengthening health information. These other awards will be co-located within the same geographies as UPHIP to maximize and amplify results. USAID/Nigeria's support is expected to build on GoN domestic financing, past USAID development programs and complement technical assistance from other development partners.

The UPHIP emphasizes achievement of measurable, high-quality, and cost-effective results to support the objectives and priorities outlined in this Program Description (PD). Additionally, UPHIP places a premium focus on strong financial management, and evidence-based learning and adaptation fueled by cost-efficiency, innovation, use of appropriate technology, and partnership with new and underutilized local partners, including those from the private sector.

UPHIP will build upon Nigeria's gains made from USAID and other donor's investments in the delivery, utilization, and quality of Reproductive, Maternal, Newborn, and Child Health (RMNCH), malaria and global health security services.

2. Development Challenges

Despite some progress, Nigeria still faces significant challenges to improve reproductive, maternal, newborn, child and adolescent health and to control and manage malaria. Nigeria has one of the highest maternal and child mortality rates in the world. The lifetime risk of a Nigerian woman dying during pregnancy, childbirth, postpartum, or post-abortion is 1 in 22, in contrast to the lifetime risk in

developed countries estimated at 1 in 4900. A combination of gaps in access to care and failures to adequately utilize available health services limit utilization. There are also critical gaps in quality which leads to incomplete or incorrect care. The Lancet Commission for Health Systems¹ (2018) defines a high-quality health system as one that “optimizes health in a given context by consistently delivering care that improves or maintains health, being valued and trusted by all people, and responding to changing population needs.”

Ultimately, socioeconomic factors and negative experiences with the healthcare system impact Nigerians' utilization of services. While not exhaustive, socioeconomic factors include low levels of education, financial constraints, long distances to health facilities, and the burden of domestic chores. These factors limit time and ability to seek care, and for some, limit the ability to appreciate the importance of timely health care seeking or translate knowledge into healthy behaviors and practices. Additionally, gender imbalances and cultural norms constrain decision-making by adolescents and young adults, and by female clients and caretakers to seek timely care either for themselves or children under their care. These social factors combine to inhibit Nigerians' ability to maximize utility of available health care services, leading to outcomes such as utilization of alternative services like religious homes and traditional birth attendants, non-compliance with antenatal care appointments, low utilization of family planning methods, poor management of severe malaria and inconsistent use of insecticide-treated mosquito nets.

The quality of care is impacted by a range of factors, such as inadequate human resource for health (HRH) and absenteeism especially in hard to reach and security compromised areas, absenteeism, limited or variable skills among providers, which in many cases results in delayed or poor-quality care that negatively impacts health outcomes and healthcare-seeking behavior. Waiting times of up to 6 hours have been reported in some facilities. Provider skills, in turn, are affected by a high attrition rate among healthcare workers (partly due to a lack of motivation for various reasons, including inadequate remuneration). Healthcare providers also may need more access to necessary medical equipment to provide quality health care. Additionally, there is inadequate capacity for health services organization and management at the level of the local government authority, which ultimately leads to inefficiencies and a less-than-ideal working environment.

2.1. Commodities and Life-Saving Equipment

Consistent access to life saving drugs and functional equipment impacts service utilization. Failures linked to logistics and distribution are more common than commodity stock outs from the central medical stores, where all medicines are received, housed, and distributed. In addition, life-saving equipment is routinely absent or poorly maintained, because of limited training and availability of qualified repair and biomedical technicians. Despite MOH specifications for equipment, a variety of drugs and equipment are brought by partners into the country leading to problems of equipment integration, interoperability and sustainability.

2.2 Monitoring and evaluation - use of data for Health Care decision-making

Monitoring and evaluation are key activity management components, which track progress in implementation and achievement against activity objectives and provide data for decision-making.

¹ High-quality health systems in the Sustainable Development Goals era: time for a revolution. Kruk, et al. Lancet Glob Health 2018; 6: e1196–252

Monitoring and evaluation (M&E) are a critical component of the Nigeria health sector plan, it helps to ensure that healthcare programs and services are effective, efficient, and responsive to the health needs of communities. Over the years, the government has continued to strive to improve the accuracy, completeness, consistency and reliability of health program datasets for informed decision making. Hence, the award Recipient will build state, local government authority (LGA), ward, and health facility capacity to track and use key RMNCAH, nutrition, malaria and global health security indicators over time, primarily using District Health Information System (DHIS)-2 and other systems, to examine progress towards national, state, and program goals. The Recipient will also provide continuous technical support to frontline health workers², health facilities, LGA, ward, and local government management teams on data management and data use for decision-making, including data quality assurance and analysis.

2.3. Gender and gender-based violence

Gender integration and gender-based violence (GBV) prevention and response are priority areas for all USAID activities and programs, including health. Similarly, the GON continues to champion gender mainstreaming efforts in all sectors by developing, implementing, and reporting on the required gender strategies. The GON outlines the gender-related priorities to be achieved in the various sectors, including the integration of a package of GBV services in the healthcare system. Despite the progress, gender issues and GBV still exist in Nigeria. A USAID/Nigeria gender and social inclusion analysis carried out in 2023 revealed that despite strong gender-sensitive policies implemented by the GON, gender disparities still pose barriers to the achievement of desired health outcomes. Findings include lack of male engagement in caregiving and domestic work; high illiteracy rate for women, limited female involvement in decision-making and control of household resources; social norms and stigma that are a significant barrier to accessing health services coupled with gaps in training and sensitization of health care providers, which cause further marginalization of vulnerable populations.

In general, youth face challenges in accessing health care due to limited knowledge about reproductive health and may experience gatekeeping that prevents access such as younger females between 18-29 (especially unmarried) are often barred from accessing sexual and reproductive health services (including HIV testing) and health providers tend to discriminate against younger males ages 18-29 for being male and give preferential treatment to women and girls. Health care is a key avenue for identifying and addressing GBV incidents, as health providers are often the first—and sometimes the only—point of contact for survivors. GBV can lead to health issues that require specific medical care, such as testing for HIV and other sexually transmitted diseases, pre- and post-exposure prophylaxis, additional antiretroviral medications for individuals who are HIV-positive, and emergency contraceptives. Despite the high prevalence of GBV in Nigeria, GBV is underreported, especially by women and girls with disabilities and men and boys, who may feel ashamed to report.

2.4 Lessons Learned from previous USAID programing

- **Facility Saturation:** Historical USAID support for PHC strengthening was targeted to BHCPF facilities/1 PHC per ward model only, which was not enough saturation of support to show change.

² Includes all staff working at primary health care centers and secondary hospitals. This also includes all community health workers attached to these facilities.

- **Technical Support Models:** Previous efforts have included a “blanket/common” approach to technical assistance or support that is not sensitive to geographic differences and data-driven for technical assistance differentiated by facility.
- **Static Support:** Technical assistance and support were provided to the same facilities over a three-to-five-year period. The below tiered approaches are simply illustrative, the applicant is encouraged to present their own tiered approach to care and TA for differentiated and responsive technical assistance:
 - **Tier 1: Model (Highest Functioning Facility)**
 - Facilities that need some support³ to upgrade to a Comprehensive emergency Obstetric and Newborn Care (CEmONC)
 - Good management practices and leadership
 - Availability of DHIS data (accuracy and reliability sound)
 - Less than 10% stockout of essential tracer meds
 - Less than 20% vacancy rate
 - Facilities that serve significant populations size (at least 150,000 population or greater)
 - Sound outreach services with good community engagement and client uptake
 - Medium performance in continuum of care along RMNACH and malaria cascade consistently over the last year (cutoff to be determined)
 - Potential to serve as a “center of excellence” to mentor surrounding health facilities
 - Relatively safe and secure for initiating implementation
 - Urban and peri-urban preference for inclusion of referral network facilities
 - **Tier 2: Emerging (Medium Functioning Facility)**
 - Varied levels of performance in continuum of care along RMNACH and malaria cascade consistently over the last year (cutoff to be determined)
 - Varied management practices and leadership
 - Less than 20% stockout of essential tracer meds
 - Less than 30% vacancy rate
 - Facilities that serve significant populations size (at least 150,000 population or greater)
 - May or may not be lowest performing indicators
 - Varied outreach services with good community engagement and client uptake
 - Likely historical supported USAID facility
 - Relatively safe and secure for initiating implementation
 - **Tier 3: Foundational: (Low Performing, but High Population Coverage)**
 - Significant Population Coverage (greater than 250,000)
 - Lowest Performing Indicators
 - Significant Financial Investments Required (inputs + TA)
 - Relatively safe and secure for initiating implementation
- **Overemphasis on inputs and process and not enough on outcomes:** Historical USAID/Nigeria health system support has been heavily focused on inputs and process driven, with less emphasis on key outcomes (i.e. Health improvement, responsiveness and people-

³ Support can include support recruitment and deployment of specialized healthcare workers, minimal equipment support, minimal rehabilitation to meet “standards” for CeMONC facilities, clear emergency transportation support

centeredness). This Activity will target to measure the performance of the Primary Health Care system and networks of care, functions and outcomes.

- **Lack of responsive technical assistance:** Historical USAID awards did not allow for flexibility for technical assistance making it difficult for USAID support to be responsive to unknown, or new or emerging technical assistance needs.

3. Strategic Alignment

3.1 Alignment to GON Priorities and Reform

Nigeria's 2023–2026 National Health Sector Renewal Investment Initiative (NHSRII) Strategic Vision for the Health Sector aims to save lives, reduce financial hardship, and ensure access to quality healthcare for all Nigerians. To achieve this, USAID is supporting the Government of Nigeria's reform of its approach to primary health care (PHC) and establishing networks of care among PHCs and with secondary care as the primary points for comprehensive emergency obstetric care (CEmONC) and for addressing severe malaria. Ensuring continuum of care back to the community level will also be essential to ensure well-integrated and coordinated people-centered care. This renewed approach will prioritize and expand high-impact and cost-effective investments in communities and serve as a critical entry point to health services in a people-centered health system.

The reform effort requires a comprehensive review of the health sector where proactive health services (acute and chronic) are delivered across the PHC platform. In December 2023, the Coordinating Minister of Health and Social Welfare, Dr. Mohammed Ali Pate, unveiled the NHSRII, garnering support from President Bola Ahmed Adekunle Tinubu, all Nigerian state governors, senior representatives from bilateral and multilateral donors, development banks, and philanthropic foundations. An integrated people-centered approach is also critical as Primary Healthcare Centers are the first level of care in the Nigerian health system, providing an entry point to life-saving HIV, malaria, nutrition, and maternal and childcare services that otherwise would have been lost. Primary Healthcare Centers enable the public sector to expand health coverage and promote equitable access while improving the quality of care through differentiated service delivery models. These models have been effective in reducing mother-to-child transmission of HIV and play an essential role in prevention, preparedness, response, and recovery to public health threats of pandemic potential.

The UPHIP activity will be aligned to the GoN Primary Health Care Strategic Objective: *Every Nigerian has equitable access to quality PHC services they need through a system that they trust and contribute to Nigeria Health Sector Renewal Investment Program strategic pillars effective governance, efficient, equitable, and quality health system, and Primary Health Care Development Agency strategic blueprint of an Efficient, Equitable, Quality and Trusted Primary Health Care services.*

3.2 Alignment to USAID Priorities

In December 2022, Nigeria was named as one of USAID's Primary Impact Focus Countries, reaffirming the Agency's commitment to accelerate progress in primary health care in close coordination with the President's Malaria Initiative (PMI) and President's Emergency Plan for AIDS Relief (PEPFAR). Primary Healthcare Centers in select states in Nigeria receive comprehensive and integrated support by leveraging existing U.S. government investments and resources and driving more integrated health service delivery and technical assistance.

Primary Impact focuses on harnessing USAID's global health work and accelerating primary health care outcomes by bringing together subject matter experts from Washington D.C., USAID Missions across the globe, and supporting south-to-south learning to expand partnerships with critical stakeholders and multilateral to accelerate progress in health outcomes. These partnerships include USAID contributions to the Global Financing Facility (GFF) to incentivize governments to spend domestic resources on PHC; the Community Health Delivery Partnership (CHDP), a multi-donor structure to promote PHC financing and coordination, specifically for community health workers; alignment with the priorities of the White House Global Health Workforce Initiative (GHWI) to protect and support frontline health workers; and the strengthening of USAID's localization initiative to support country capacity and community engagement across development sectors.

4. Activity Approach

To address these challenging dynamics and build on USAID's previous investments and gains made in RMNCH, malaria and global health security services, the proposed activity aims to build a more effective, resilient, and responsive primary healthcare system that can adapt to the changing needs of the Nigerian population.

The development hypothesis of the UPHIP design is:

If USAID/Nigeria advances Quality of Care and improved access⁴ to primary and secondary health care, ***then*** women and children will live longer and healthier lives.

UPHIP activity Theory of Change (TOC)

If Nigerian governments demonstrate political commitment to leverage resources; institute transparent accountable systems; acquire quality and timely supplies of necessary health commodities; hire, retain and deploy health care workers appropriately AND

If Public and private sector health providers are equipped to provide quality services that are responsive to clients' needs and preferences to drive uptake AND

If Individual and social determinants of health are equitably addressed by government at all levels AND

If The private sector is effectively engaged in the mobilization of resources, health system strengthening and innovative solutions and technology

Then mortality and morbidity of newborns, under five-year old children and mothers will reduce.

4.1 Global and Local Models of PHC

Critical components of this award will support the GON's reform efforts to strengthen networks of care, including primary and secondary health care, and reduce maternal and child mortality and morbidity. Five key components of PHC strengthening include: Effective Models of PHC Delivery; Community Engagement; Subnational and Facility Management; Systems Integration and

⁴ Access and Quality are intersecting concepts. Access is primarily concerned with the ability to reach and utilize services, whereas quality is about the level of excellence of those services once accessed. Access is frequently addressing geographic access; financial access; cultural access; timely access; and availability access (presence of HCW; medicines; equipment). Quality addresses issues of safety, effectiveness, patient-centeredness, timeliness (Wait times and delays), efficiency, and equity.

Interoperability; and Resilient Health Systems and Services as shown in Image 1 and explanation of these components below:

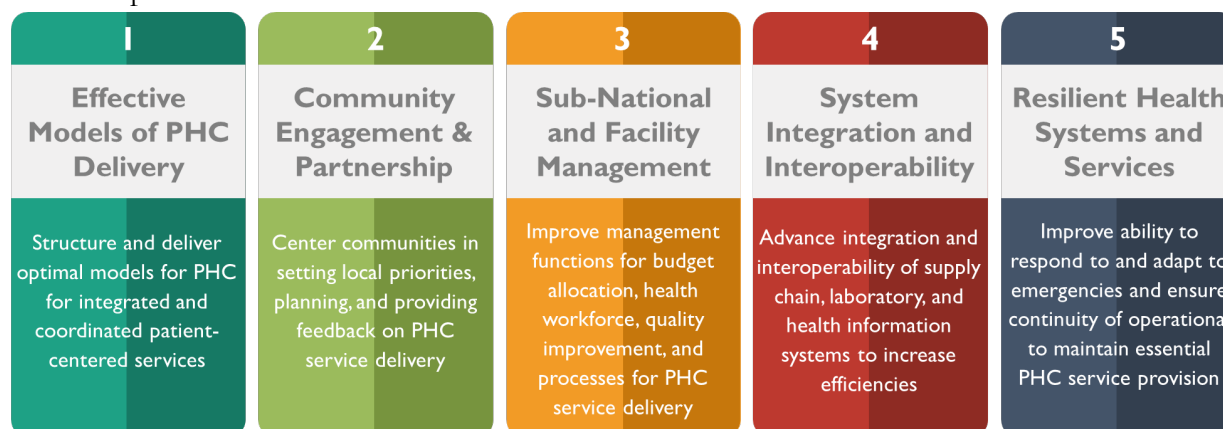


Image 1. USAID's 5 Core Components of Primary Impact

Effective Models of PHC Delivery:

- *Differentiated Models:* A defined primary health care model that includes roles and responsibilities for health care workers and multidisciplinary teams, as well as scopes for systems of care that are contextualized by geography or responsive to local practices.
- *Active community outreach:* Systems and staff are in place to proactively reach a defined set of populations, which may include health promotion, preventive health services, case finding and treatment.
- *Service integration and referral:* Functional or physical integration of service delivery across vertical areas into PHC design to ensure continuity, comprehensiveness, coordination, and people-centeredness.

Community Engagement:

- Active engagement of and participation by citizens and civil society organizations in the priority-setting and planning stages of PHC service delivery (the primary focus for this award is how facilities will engage with the community). The future Community Health and Social and Behavior Change award will work with supporting communities to better engage with health facilities.
- Build accountability that relies on civic engagement to directly or indirectly track progress, review community health status, and exact accountability.

Subnational and Facility Management:

- Budget allocation and execution ensure funds are spent as prioritized for PHC and resources are utilized efficiently and with accountability (State-Level Support, BHC PF (Basic Healthcare Provision Fund) oversight, and joint accountability support at State Level Support, in addition to direct financing facility support/business plan development).
- Effective implementation of performance management by trained facility managers that includes supportive supervision, staff motivation, and data used for performance measurement and improvement.

- Information and other data systems must be managed and kept functional and in use to ensure quality data are used for monitoring and evaluation, timely reporting, decision-making, and quality improvement for better patient care.

Systems Integration and Interoperability

- Integrated commodity distribution, storage, and supply/inventory management occur in the supply chain for PHC at the subnational and facility levels.
- Facility and subnational levels execute information systems management and reporting into a single integrated, or at least interoperable, structure that captures data for multiple vertical programs and reporting requirements. This component will be supported through USAID's future investment/award in health information systems strengthening and digital health for improved data use (expected to come online in January 2025).
- Financial Management Information Systems are integrated, increasing digitization, transparency, and accuracy of financial information across the health system.

Resilient Health Systems and Services

- Subnational units and facilities can effectively respond and adapt to public health and other emergencies while sustaining essential primary care services and functions.
- The ability of subnational units and facilities, systems, and services to detect, assess, notify, report, and respond to public health risk.

In 2018, an updated framework was developed from the PHCPI framework—termed '5S-5M-5C' (Image 2 below)—which describes essential service delivery mechanisms for transforming key inputs into functional and equitable PHC. systems. Recognizing the importance of these often-undervalued mechanisms and better understanding how to measure and improve them will be critical for making progress toward the goal of quality Universal Health Coverage for all.



Image 2. 5S-5M-5C

The 5S-5M-5C (Image 2) framework should be tied to USAID's 5 Core Components of Primary Impact (Image 1) to demonstrate the applicant's solution to address all components from systems, inputs, service delivery, and proposed indicators to measure outputs and outcomes over time:

4.2 Improving the Continuum of Care

This activity will enhance the health of women and children in Nigeria by strengthening maternal, newborn, child health, adolescent, reproductive health, malaria, and nutrition service delivery throughout the continuum of care, i.e., from the home to the community to the primary care facility, and the secondary referral hospital. Continuum of care refers to a system that guides and tracks patients through a comprehensive array of age- and stage-based health services spanning all levels and intensities of care. Based on the data below from HMIS and DHIS 2.0, lost to follow-up/dropout from ANC to ANC 4 was 60%. Of those women seeking ANC 4 care, on average, 50% did not deliver at a health facility and of those who did deliver at a health facility, there were varying levels of those whose attendance was attended by a skilled birth attendant. Other opportunities to strengthen improved pregnancy related outcomes based on the data below is also increasing the number of women who seek malaria in pregnancy care (IPTp1 to IPTp3 has, on average, a 53.5% drop out rate), those who sleep under insecticide treated nets (ITNs), and supporting early childhood malaria diagnosis and treatment will be critical as 143,000 children under five years old died from malaria in 2022, as well as preventing pregnancy in the first place for those women/girls seeking to delay pregnancy or space their births. Looking at postnatal care (PNC) as a critical area to support improved child health practices, including exclusive breastfeeding and immunization, there should be improved compliance with PNC visits and, ultimately, other support to drive more children to be fully immunized by age five and ultimately save lives. When discussing the continuum of care, these critical indicators should be considered and followed by a cohort of women and their children.

See sample Continuum of Care data in Image 4 below.

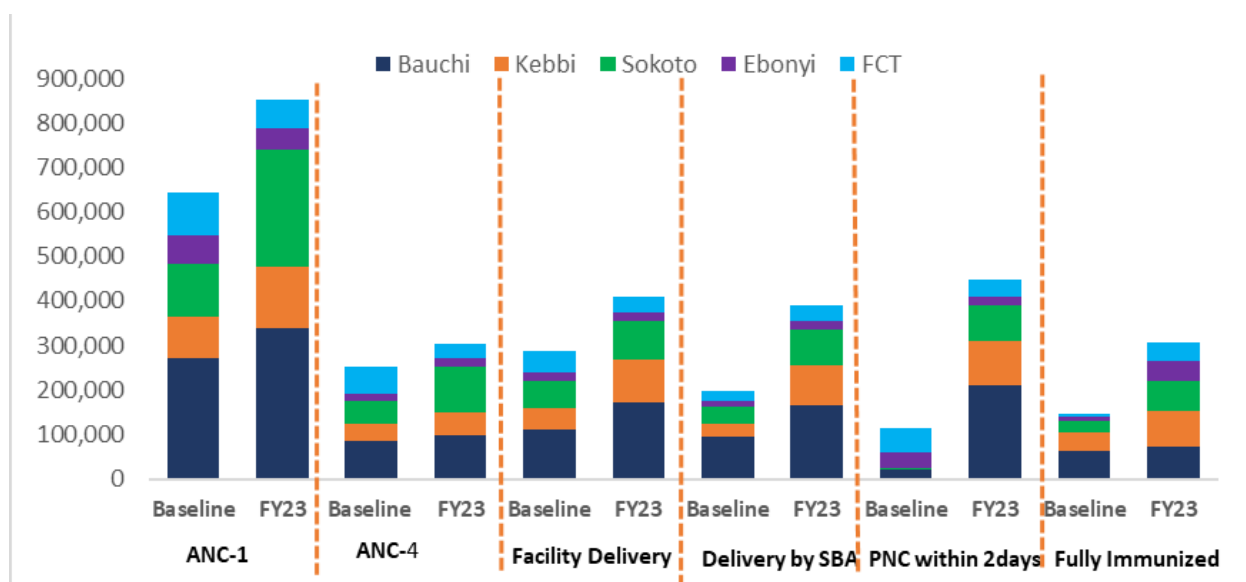


Image 4. Continuum of Care Data select sites and states (DHIS 2.0)

This Activity aims to build the capacity of urban and peri-urban public and private primary PHCs and referral health facilities (secondary) in planning and delivering client-centered, quality Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and malaria services. This Activity will improve RMNCAH and malaria status and delivery of client-centered, quality care by increasing readiness of health facilities, increasing healthcare provider and manager competency and performance,

strengthening systems for feedback and accountability, and enhancing community participation, thereby increasing client satisfaction and service utilization and ultimately, preventing maternal and child mortality.

The UPHIP activity will also support the testing, implementation, and scaling of proven and promising locally appropriate RMNCAH and malaria innovative models with the great potential to optimize utilization of essential health services, such as the E-MOTIVE trial in the management of Postpartum hemorrhage, safer bundle of care that has the potential to create impact and improve perinatal survival on a national scale, the family planning high-impact practices (HIPs) which are a set of evidence-based family planning practices vetted by experts that are measurable and have demonstrable impact in achieving various family planning outcomes, amongst others. It will also support the implementation and state adaptation of Ending Preventable Maternal Mortality Plan, Every Newborn Action Plan and Child Survival Action Plan.

4.3 The Patient's Perspective

To fully improve coverage, patient-centered care, health-seeking behavior and health outcomes, more intensified support is required to address the demand-side determinants of service use including:

- Financial barriers that limit the ability of patients to pay informal out-of-pocket payments as they may not enroll under BHCPF or Health Insurance or are not able to afford to pay for transportation for visit/institutional birth preference or convenience of accessing care from traditional birth attendants or at religious institutions.
- Cultural or household/family barriers that limit access to care.
- Limited community mapping and identification of potential patients, and, therefore, awareness of who is pregnant in a community.
- Gender barriers, and non-inclusive health programming that limit access to specific segments of the population (*inclusive development protects the rights, safety, well-being, and inclusion of underrepresented and marginalized groups*).

Technical assistance should include the deployment of proven approaches and strategies to minimize access barriers and ensure equitable primary and secondary healthcare services in focus facilities. These strategies may include:

- Secondment of trained nurses/midwives to engage with traditional (and religious) birth attendants and ensure timely referrals to a health facility;
- Conditional cash transfers;
- Transportation for pregnant women (including establishing an emergency transportation system) to reduce delays in seeking healthcare for women experiencing danger signs in pregnancy and delivery, and for sick newborns and infants;
- Ensuring voluntary and informed choice for family planning.

The Activity is expected to help ensure that pregnant women and their families are informed and enabled to take timely and appropriate action when danger signs occur.

Furthermore, the Activity will leverage efforts led by the future USAID community health and social and behavior change award in addressing the delay in women and children's decision to seek care (First Delay) and the delay in identifying the health facility (Second Delay). The activity seeks to strengthen

the feedback mechanism on the client-service provider's experience of care; a well-functioning patient feedback system can contribute to improved quality of healthcare and systems accountability. Multiple patient feedback systems operate in Nigeria in the context of political commitment to accountability and patient responsiveness to the uptake of primary health care services; the latter is constrained by limited patient awareness of feedback channels, lack of guidelines and documentation of these processes, local political dynamics and accountability. It is critical to ensure people's rights within a non-threatening environment where people can express their views; a strengthened system will enable health workers to value, document, analyze patient feedback, and communicate timely actions that will improve their satisfaction and trust in their health systems. This is a strategic vision for the current political leadership in Nigeria, and the government has committed to improving patient satisfaction rates with PHC services under the Health sector renewal program.

5. General Activity Parameters

5.1 Target Beneficiaries

Given that the entry point for UPHIP is focused on RMNCH and malaria, the direct beneficiaries must be women, adolescents and children under-five. Indirect beneficiaries may include the millions of Nigerians who utilize public and private health services, healthcare workers and managers, the MOH and local government. The general population will benefit as a result of the improved capacity of facilities to deliver quality services. MOH and local government will benefit from the capacity building received, ultimately contributing to the overall sustainability of the Activity. Specific interventions under UPHIP will identify other priority populations and hard to reach communities. It is expected that UPHIP will, ultimately, result in improved health services for the catchment population of facilities that are supported under this activity.

5.2 Geographic Coverage

As the country is moving to a sector wide approach, and multiple surveys including the National Demographic and Health Survey 2023/2024 are underway, states have not been selected for intervention. State and other geographic selection will be done in a later phase of this NOFO in partnership with USAID, the Federal Ministry of Health, the National Primary Healthcare Development Agency, other development partners and other stakeholders, after the release of important data sets to inform USAID's geographic prioritization.

The 2018 National Demographic and Health Survey (NDHS) confirmed widespread disparities in health outcomes across Nigeria and at all levels of healthcare provision. In response to these disparities the geographic coverage of UPHIP must be divided geographically into national/central interventions and State/LGA/facility level interventions. National/central interventions may include, but are not limited to, interventions such as participation in TWGs, policy development and other interventions which respond to national MCH, FP and malaria priorities. State/LGA interventions may include, but are not limited to, targeted interventions such as technical assistance and support to State or LGA Health Management or Quality Improvement Teams, communities, facilities (secondary referral hospitals, Primary Health Care Centers, and Health Posts) and providers. Geographic coverage for the State/LGA category of interventions must be targeted and these will be determined during the development of the implementation plan. Finally, USAID envisions that the suite of interventions offered under UPHIP may differ according to geographic location, for example a particular LGA/facility may require more assistance in FP than MCH.

The geographical coverage of this Activity may change to respond to GON requests, and/or the United States Government's current and future plans and priorities. Applicants are encouraged to identify activities at the national level as well as designing scenarios for state/LGA level engagement based on the applicant's knowledge. While some activities may be universal regardless of the chosen geography, the applicant may choose to highlight proposed activities that would be most relevant for different States/LGAs.

6. Collaboration

6.1 Complementary USAID Support

Essential and safe 24-hour RMNCAH services rely on reliable electricity and potable water to uphold infection, prevention and control (IPC) practices. After the Activity is awarded, partners are expected to provide data-driven assessment and propose prioritized facilities for solarization and WASH integration. Similarly, the successful applicant(s) will work with the government and or other sources of financing. USAID has numerous activities that focus directly on health including RMNCH, malaria, HIV, tuberculosis, and global health security services which may also be able to provide lessons learned to inform the approach. The Government of Nigeria Health Sector Strategic Blueprint (HSSB) framework provides an opportunity to synergize all USAID/Nigeria health program support both at the national and sub-national level through the implementation of the action plan and joint annual reviews.

6.2 Coordination with Government Entities and structures

This activity is expected to work closely with the MOH, State Primary Health Care Development Agency (SPHCDA) and Local Government Health Authorities (LGHAs), to build capacity and enable government systems and processes for strengthening the quality of respectful, gender-responsive integrated RMNCH and malaria services. This activity will avoid creation of new implementation and reporting structures and instead work within the existing public sector health service, and with existing systems. The applicant is expected to interact with government entities at all levels from health facility to national level through for example technical meetings and any opportunities which arise to enhance coordination.

The Government of Nigeria is currently revising the Basic Healthcare Provision Fund guidelines to accelerate reduction in maternal and child mortality and other health related issues and double the number of facilities that are funded. Therefore, the successful applicant(s) may be required to support new reform efforts at BHCPF PHC facilities to ensure smooth implementation and better care and coverage of targeted populations. This may include but not limited to:

- improvement in the “quality of spending” by supporting business plan development of direct financial facility funds (and planning and tracking utilization for procurement of medicine, hiring of healthcare workers, other required support),
- support to newly deployed health fellows (responsible for financial management and other responsibilities),
- introduction and support to potential deployment and utilization of digital solutions for financial and service and quality of care monitoring reporting,

- support “better” identification of vulnerable populations that should be supported through financial protection schemes

Additionally, the World Bank (WB) is currently working on its next project to support the health sector in Nigeria, including support for the Government of Nigeria’s NSHII. The successful applicant (where it is clear WB financing is supporting a PHC) should consider its TA as wrap-around support to ensure success of this financing.

6.2.1 Building on Existing NPHCDA Visioning

NPHCDA (National Primary Health Care Development Agency) recently conducted a national assessment to assess and improve primary healthcare functionality. Below are some early criteria and parameters defined by NPHCDA for assessed facilities that applicants should consider for measuring and tiered support under this activity.

Alignment to GON Selection Criteria

Other indicators in line with NPHCDA assessments that correlate to high maternal mortality include:

- % of women receiving ANC from skilled provider
- % of women assisted by a SBA during delivery
- % women with a PNC check during the first 2 days after birth
- % women who took iron tablets during ANC
- % women using TBAs
- % women delivery alone/relative
- % of women with blood samples taken during ANC
- PHC density (per 10,000 population)
- % of PHCs with >50% functional equipment
- # of nurses and midwives per 10,000 population
- # of CHOs, CHEWs and JCHEWs per 10,000 population
- % WRA who accessed family planning services

Additionally, the NPHCDA has identified core indicators that will be considered as inclusion criteria for health facilities to BHCPF (and the applicant may need to support):

1. Improved Access to PHCs: Optimize density of functional BHCPF facilities (PHC/sm) with a target of:
 - a. At least 1 BHCPF facility per ward
 - b. 188 PHCS per 10k sq km to achieve 17,6000 facilities across the country
2. Improve quality of PHCs3 functional criteria impact quality services delivery:
 - i. Minimum of 4 SBAs skilled in midwifery services
 - ii. 24/7 access to power
 - iii. Presence of critical staff accommodation

NPHCDA has then categorized facilities into four levels:

- Level 1: Non-functional (does not provide any services)
- Level 2: Partially functional:

- Has potential to provide antenatal and immunization services
- Does not meet one or more of the functional criteria outlined above (2.a)
- Level 3: Functional Level 1:
 - Capable of Providing antenatal care and immunization services
 - Has 1-3 SBAs
 - Has access to power
- Level 4: Functional Level 2:
 - Everything in place for a pregnant woman to deliver a baby safely 24/7
 - Facility based deliveries occurring
 - Plans for delivery of ANC and RI in place
 - 4-7 SBAs in place and accommodation OR more than 8 SBAs
 - 24/7 access to power demonstrated by reliable power sources.

6.2.2 Other Considerations for Tiered TA approaches:

- There will be more LGAs/facilities in the Tier 1 followed by Tier 2 to ensure effective and achievable results by including fewer quota from the Tier 3.
- Facilities will be selected in a referral cluster with referral facilities (found in cities/towns), primary hospitals, and PHCs, health posts, private facilities, community pharmacies and PPMVs to ensure comprehensive support is provided where capacitated higher-level facilities can support lower-level facilities.
- Phased scale-up of implementation should be planned in the first year based on defined performance indicators. In consultation with USAID and F/SMOH/SPHCDA, the Activity's potential scale-up to either intensify support interventions within the initial LGAs/PHCs and/or identify additional LGA/PHCs for support in its initial stages will be informed by lessons learned, cost-effective analysis, leveraging of external resources (including district/facility/community results-based, co-financing agreements), and the overall activity budget. After such analysis, the applicant will propose additional LGAs or PHCs, along with tier categorization and cost projections, to USAID for final approval. Furthermore, after three years of support, at least 30% of supported LGAs (and health facilities) will get lighter above-site support for an additional six months maximum before phasing out completely from the Activity (also outlined in the results-based, co-financing agreements and exit strategy finalized prior to investment).
- **Data, accountability and learning:** Data use for program improvement and pivoting of technical assistance needs to be the cornerstone of this award. The applicant should propose internal performance monitoring solutions, including indicators complemented by existing data systems to triangulate and serve as the basis for driving better activity performance and health results.
- **Innovation: delivery approaches, tools, and innovative financing and local financing:** The GON is the primary financial investor for PHCs in the country. Through this award, implementation strategies for financial management and sustainability of primary healthcare services, including exploring public-private partnerships and innovative funding mechanisms should be considered. Additionally, innovative delivery tools such as telemedicine, use of artificial intelligence (AI) for more accurate and rapid diagnosis and treatment should be proposed. Finally, creative solutions to staff health facilities should be considered including contracting healthcare workers temporarily and based on performance and potential on a rotational basis, three-hour shift models, identification of housing solutions for HCWs,

innovative financing for ad-hoc staffing, linkages to diaspora talent/staffing, contracting in of staffing from private or NGO facilities. Digital solutions for emergency transportation, referrals, etc. should also be considered.

7. Expected Results

The activity will build on progress achieved from the USAID Integrated Health Program. Results are expected to be achieved through close collaboration with Nigeria's Ministry of Health (MOH), the Primary Health Care Development Agency (PHCDA), USAID and other health development partners. This activity will be guided by the principles of the Nigeria 2020 - 2025 CDCS, as well as strategies that seek to strengthen health systems, improve quality of service delivery, transform gender relations, and reduce barriers to improved health and health-seeking behaviors.

Expected results for this activity will be determined during the post-award co-design to set agreed upon targets to reduce maternal mortality and child mortality within 3 years and 5 years. Final LGA selections will be based on assessments, the NDHS 2023 survey report, RMNCAH scorecard performance report, and the use of existing data analysis. The award Recipient may propose additional assessment to support existing data.

All activity level intermediate results contribute directly to the USAID CDCS IR 2.1 of DO2. In addition, IR 1 contributes to CDCS IR 3.4

7.1 Activity Monitoring, Evaluation, and Learning

The successful applicant shall develop a robust data collection system that includes adequate data quality controls and complies with all USAID/Nigeria data quality requirements, as outlined in ADS 201.3.5.8⁵. Each indicator in the final monitoring, evaluation and learning (MEL) Plan will have a performance indicator reference sheet that provides detailed description of the indicator, the baseline, numerator and denominator where proportion/per cent measures are used and a data collection plan. The MEL Plan shall specify approximate dates for data collection, the method, type, and source of information to be collected, and shall report on these indicators in line with existing and future USG guidance. Data should be collected and reported by state and LGA where possible. USAID/Nigeria plans to conduct evaluations of individual interventions/approaches and possibly of target populations or the implementation environment at different times and a comprehensive external evaluation of the activity during the fifth year of implementation.

⁵ <chrome-extension://efaidnbmnnnibpcajpgclefindmkaj/https://2012-2017.usaid.gov/sites/default/files/documents/1870/201.pdf>

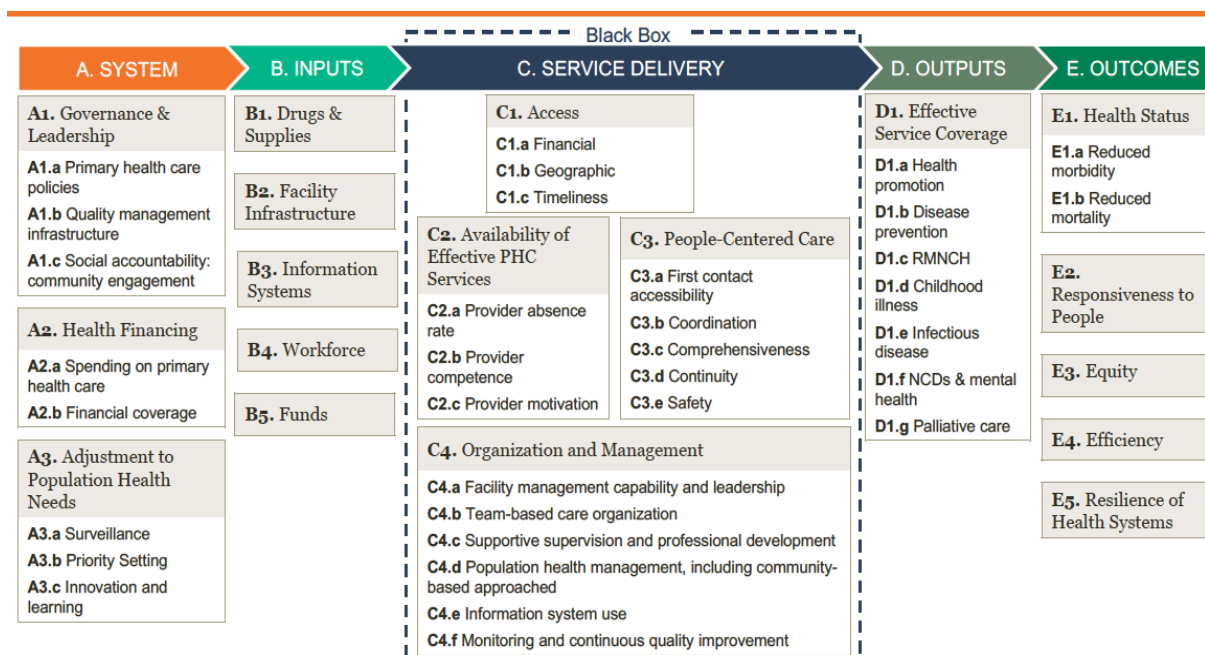


Image 3. Monitoring and Evaluating Primary Health Care Performance Initiative

The Primary Health Care Performance Initiative Framework has a complementary model rubric to assess and monitor facility performance.

USAID's Multi-Tiered Monitoring Approach

Given the M&E challenges USAID faces in Nigeria, the USAID/Nigeria has developed the Multi-Tiered Monitoring (MTM) Approach, which gathers and triangulates information and performance data from multiple sources. The applicant must also undertake M&E activities that feed into USAID/Nigeria's multi-tiered monitoring approach, specifically in Tier 2.

The applicant will work directly with the Agreement Officer Representative (AOR) in determining how the multi-tiered monitoring data can support the activity's learning and adaptation. The following are the four MTM monitoring tiers:

- **Tier 1- U.S. Government Direct Observation:** The USAID AOR and his/her alternate, or other USG staff will observe activities. When actual participation is not feasible, the implementing partner may be asked to assist in setting up video or streaming to view events and training to data-capable handheld (mobile) devices and/or computers. applicants may propose other innovative ways to further USAID observation of activities in their M&E.
- **Tier-2: Implementing Partner:** The USAID implementing partner will provide USAID with bi-weekly, monthly, quarterly, and annual progress reports on and monitor the work of their county level advisors and monitor implementation of agreed upon technical assistance plans ensuring all partners are delivering as expected, including ideas/activities.

- Tier-3: Ministry of Health: The MOH will be responsible for monitoring the participation of its staff in technical assistance and training sessions, assessments, and working group sessions.
- Tier-4: Independent Monitoring applicants: The USAID/Nigeria will fund a Mission Wide Monitoring Mechanism that may independently monitor the activities under this agreement, providing an additional layer of data on activity implementation.

USAID/Nigeria has an electronic database that partners are required to use for quarterly reporting. USAID/Nigeria will continue tracking data through this performance management information system, as recommended by USAID, to track activities for all mission-funded activities. The applicant may choose to use their own data management system for their internal management needs.

8. Guiding Principles for Implementation

8.1 Local Capacity Development and Sustainability

This activity will ensure host government involvement and leadership right from the planning stage of key activities and interventions. The UPHIP activity will work to provide technical assistance, capacity building support and skill transfer to sub-national governments to enable them to independently plan, budget, manage, and monitor health programs. The activity will pay close attention to the current and future reform initiatives of the GoN that are aimed at strengthening the primary health care systems for improved access to quality and affordable health care, towards the goal of Universal Health Coverage (UHC).

The following principles should be considered by the applicant in all proposed interventions:

Promoting local leadership

As recognized in principles of aid effectiveness, local ownership, and leadership are critical to the success and sustainability of any development intervention. Programmatic approaches must place local actors in the position to shape and direct program inputs, building on their strengths and expanding their capacity to increase their effectiveness and sustainability.

Appreciate and build on the positive, using local assets

It can be easy for development practitioners to get caught up in analyzing and treating problems. Appreciative, asset-based approaches look for what works and what can be built upon. They encourage individuals and communities to own the development process and focus on optimizing use of local resources, which may mitigate creation of dependency on outside resource flows.

Value for Money/Cost-effective Analysis

Monitoring results and dollars spent over the life of the award will be critical to inform how solutions developed and funded under this activity can be scaled but also, to identify opportunities to be more cost-efficient and effective.

Additionally, other principles include:

1. Sustainability and ensuring skills and knowledge are transferred that will provide Nigerians with a healthier, self-reliant future.
2. Strategies for reaching youth should be considered in all interventions, with a particular focus on family planning.

3. Promote gender equality and women's empowerment through evidence-based planning, monitoring and evaluation, reporting, and learning
4. Close collaboration with the MOH in all aspects of the Activity, including planning, implementation, monitoring, and evaluation including use of key performance and quality indicators that are linked to the country's RMNCH and malaria indicators, information systems and supervision tools.
5. Advocacy with multiple levels of government and all stakeholders to enhance their involvement and promote sustainability and scale up of best practices.
6. Systematic documentation and sharing of innovations and best practices to enhance policy, and service delivery.
7. A strong focus on data, including an initial analysis to determine focus areas of programming, identification of potential areas for implementation research and/or impact evaluation, and use of data to model impact of interventions.
8. Leveraging the presence of the private sector to improve the quality of health care in urban settings.
9. Advocating for the equity of quality RMNCH and malaria services across the country.
10. Collaboration with existing and future USAID investments.

8.2 Establishment and Implementation of Supplemental Technical Assistance (STA) Fund for responsive technical assistance

Up to \$2.5 million dollars of the award will be set aside for adaptive, responsive technical assistance to address gaps identified at both Federal and State levels.

During implementation, the Recipient may identify gaps and propose supplemental technical assistance that ensures accountability by all parties including MOH and recipients of the TA, technical delivery and quality control of all products delivered under this mechanism. These additional funds will be provided, if needed, to address gaps that arise during implementation that pose a significant threat to successful activity outcomes. These technical assistance needs will most likely arise through the course of providing technical assistance. The Ministry of Health and other development partners are currently doing statewide capacity assessments and establishing procedures for more transparency and equitable distribution of technical assistance across the country.

Additionally, a Joint Technical Assistance Fund and protocols are being established to deliver on clear oversight and demand driven technical assistance procedures from the states to the federal level. The Recipient will be tapped to support technical assistance needs that may arise from this National Joint Technical Assistance Fund model. It is expected that supplemental technical assistance under this mechanism, if provided, will be catalytic and responsive to drive improved service delivery, management and accountability with the goal of improved health outcomes in select geographic areas.

Requests for funds under the STA Funds will be approved by USAID with concurrence from the MOH and observers from the development partner community when applicable to maximize external investments to the health sector and ensure streamlined technical assistance for unified support to the MOH with stronger delivery and accountability of technical assistance provided under this activity.

The STA may include but are not limited to some of the following illustrative examples:

- Standing up new technical systems or processes identified by USAID, MOH Federal or State Ministries of Health or State Primary Healthcare Development Agencies;
- Supporting State's access to resources - technical, physical or financial - to implement
- recommendations to strengthen systems that permit and/or encourage better health system performance and quality of care improvement;
- Supporting Federal or State Ministries of Health or Primary Healthcare Development Agencies' efforts to strengthen its institutional framework to tackle public financial management, facility readiness, BHCPF reform, data quality improvement and use, quality of care improvement (including diagnostics), or reproductive, maternal, newborn, adolescent health or malaria specific TA
- Expanding the number or type of technical assistance interventions and/or training activities provided by the contractor; or
- Developing sectoral monitoring, analysis, and assessments.

8.3 People Centered Design

This Activity will collaborate with the USAID Community Health and Social Behavior Change Activity to improve adoption of healthy behaviors in the targeted geographies by promoting respectful provider behavior, data-driven decision making, patient health literacy; enhancing community engagement and social accountability with health facility management/providers; and addressing social and gender norms that hinder adoption of healthy behaviors in the targeted geographies in catchment populations of targeted health facilities. Both activities will share information and lessons learnt to improve community engagement and adoption of healthy practices.

In partnership and/or twinning with local universities where feasible, this Activity will conduct a literature review of existing data and propose an action plan that allows for formative research including but not limited to ethnographic/phenomenological studies that explore sociocultural factors, traditional systems and beliefs, and locally-valued leadership (i.e., religious, family hierarchies, etc.) that can facilitate and/or hinder adoption of healthy behaviors and utilization of PHC services. The objective of such studies is to seek understanding within a human-centered paradigm of specific contextual factors that either facilitate and/or bar progress in RMNCAH-N and malaria behavior change and/or access and uptake to quality primary health services. All proposed study designs must reference and leverage existing and past ethnographic/phenomenological studies concerning Nigeria and/or similar Sub-Saharan African contexts. Existing studies could include, but not limited to, findings and insights from USAID funded Human Centered Designs applied to RMNCH and Nutrition, Malaria and provider behavior change challenges. Such studies will also explore the roots of and potential influence within existing sociocultural and/or gender norms to help counter harmful traditional practices (HTP) affecting women, girls, men and boys. This may also include the influence of trauma caused by violence and conflict pose in this context. The Recipient will use such study results to inform the design context-specific, culturally appropriate, and evidence-based interventions through increased knowledge and understanding of the sociocultural dynamics on health. USAID/Nigeria anticipates weaving in intentional, iterative learning processes and the use of applied research throughout this Activity's lifecycle for richer analysis and to inform contextualized approaches and services.

Subject to the availability of funds, USAID/Nigeria intends to allocate up to \$500,000 of this Activity's total estimated cost for the first year to facilitate the development of ethnographic/phenomenological

studies. It is expected that the successful applicant(s) would partner with a local university to conduct this study.

8.4 Gender and Social Inclusion

Gender refers to the social definition of what it means to be male or female; specifically, the different roles, responsibilities, behavior, and attributes that a particular society considers appropriate for men and women. Gender is an acquired identity, which is learned, changes over time, and varies widely within and across cultures. Gender norms and gender inequality can significantly influence health outcomes. Incorporating strategies to address gender equality and empower women and girls can lead to improved health and program outcomes, while failing to take gender equality factors into account such as women's status in family and community and men and women's roles in decision making can hinder successful scale-up of high impact RMNCH Nutrition and malaria interventions. Gender equality means equal opportunity for women and men of all ages to access and use resources and services within families, communities, and society, including deriving equal benefit from laws and policies and possessing equal decision-making power. Promoting gender equality, reducing gender-based violence, and advancing the status of women and girls is vital to achieving USAID's development objectives. This activity is expected to mainstream and integrate gender into interventions and reporting and demonstrate compliance with USAID Policy outlined in ADS 205. This activity will adhere to the USAID Gender Equality and Female Empowerment Policy of March 2012. The UPHIP supplemental gender analysis should serve as a benchmark for a more in-depth gender analysis for this activity that will be jointly developed and implemented by stakeholders across supported health facilities.

In addition to the ethnographic studies, the Activity will conduct a more in-depth gender analysis within the first six months after award to jointly design interventions with healthcare providers and managers (and with community input) that can be piloted, tested, and disseminated for replicability across targeted health facilities.

The award Recipient should consider gender across a variety of settings including (although not limited to) the populations served; the workforce delivering services; the data gathered to study progress; and the TA/orgs driving the Activity. Applications that demonstrate clear attention and creativity to this will increase their chance of success. The Recipient can reserve funds in Year 1 to conduct in-depth gender analysis to design services and interventions with health workers, government, communities, and other stakeholders. USAID activities seek to be "gender intentional" (focus on gender to study differences; provide equal care; etc) and "gender transformational" which seeks to shift gender roles or power to create new opportunities or abilities where they did not exist.

8.5. Environmental Consideration

The Initial Environmental Examination (IEE) for USAID/Nigeria Health, Population and Nutrition (HPN) prepared in June 2021, which expires September 30, 2026, covers the UPHIP activity. USAID has determined that "Categorical Exclusions" and "Negative Determination with Conditions" applies to the proposed interventions. However, USAID AOR, with the support of the Mission Environment Officer (MEO), is responsible for ensuring that where necessary the Recipient develops an Environmental Mitigation and Monitoring Plan (EMMP) and budget prior to activity implementation.

8.6. Security considerations

USAID/Nigeria takes the safety and security of program implementers and beneficiaries extremely seriously. Some of the UPHIP activity may be implemented in areas of Nigeria that are known to be at risk for violence and other disruptions. USAID anticipates that the Recipient will maintain robust security planning and provisions to operate safely in those states. USAID/Nigeria implementing partners in Nigeria are encouraged to participate in the Partner Liaison Security Operations (PLSO) activity sponsored by the Mission.

9. Management Approach and Staffing

To effectively implement this activity to scale, USAID expects that the Recipient will be co-located in GON offices and/or facilities to maximize exposure and collaboration, and to reduce costs. USAID also envisions the appropriate proportion of technical staff will be based at these offices to provide technical assistance to the facilities (hospitals and primary health care centers) and communities on a routine basis. It is expected that this cost-effective approach will limit the number of technical staff required in Abuja. To use the resources and skills available locally, USAID strongly encourages the Recipient to partner with Nigerian Professional Associations (PA) or other professional/clinical networks to accomplish some specific interventions under UPHIP (i.e. mentorship). PAs are a cost-effective method to build capacity in the country while also utilizing in-country experience.

9.1 Adaptive Management

This award will employ an adaptive management approach to ensure the activity remains flexible, responsive, and effective in addressing the dynamic healthcare landscape and evolving needs of the communities it serves. Adaptive management is a structured, iterative process of robust decision-making in the face of uncertainty, with an aim to reduce uncertainty over time via system monitoring. This approach will facilitate continuous learning and improvement, enabling the program to achieve its goals more efficiently.

Key Principles of Adaptive Management

1. Flexibility and Responsiveness:

- **Dynamic Planning:** Develop and maintain a flexible work plan that can be adjusted based on real-time feedback and changing conditions on the ground.
- **Agile Implementation:** Implement activities in a phased manner, allowing for course corrections based on ongoing monitoring and evaluation.

2. Continuous Learning and Improvement:

- **Feedback Loops:** Establish mechanisms for regular feedback from beneficiaries, healthcare workers, and stakeholders to inform program adjustments.
- **Learning Culture:** Promote a culture of learning within the program team and among partners, encouraging experimentation and sharing of lessons learned.

3. Evidence-Based Decision-Making:

- **Data-Driven Insights:** Utilize health management information systems (HMIS) and other data sources to monitor progress, identify challenges, and make informed decisions.
 - **Evaluative Thinking:** Regularly assess program strategies and interventions through both formative and summative evaluations to understand their effectiveness.
4. **Stakeholder Engagement and Collaboration:**
- **Inclusive Participation:** Engage a diverse range of stakeholders, including government entities, local communities, and partner organizations, in decision-making processes.
 - **Collaborative Networks:** Foster collaboration and partnerships to leverage additional resources, expertise, and support for adaptive management activities.

9.2 Conflict Sensitivity

In striving to reduce conflict and to exemplify Do No Harm principles, the applicant must design and implement interventions in a manner consistent with a conflict sensitive approach. The applicant must:

1. Demonstrate an understanding of the context in which the intervention is working.
2. Recognize how the proposed interventions interact with the context; and
3. Continually revisit the programming approach to ensure that no harm is being done and that interventions have positive outcomes that contribute to increased community cohesion and resilience. A context or conflict analysis, including a mapping of key stakeholders and “dividers and connectors,” should be completed at the outset of Activity implementation, usually within 90 days after award, and continuously updated as part of the ongoing CLA process.

[END OF SECTION C]

SECTION D: APPLICATION CONTENT AND FORMAT

1. Agency Point of Contact

Caraline DiNunzio
Contracting Officer
Email: cdinunzio@usaid.gov

Maryann Asielue
Acquisition & Assistance Specialist
Email: masielue@usaid.gov

2. Questions and Answers

Questions regarding this NOFO should be submitted as indicated on the cover letter. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

3. General Content

Applicants are expected to review, understand, and comply with all aspects of this NOFO. Applicants must ensure the necessary documents are complete and received by USAID on time. Failure to do so will result in the submission being considered non-responsive and will not be reviewed. All submissions received by the stated deadlines in the NOFO will be reviewed in accordance with the review criteria contained in Section E of this NOFO.

Interested applicants must submit a video concept, which will serve the same purpose as a concept paper. The video will be the first phase of this application process. The video is to be specific, complete, and presented concisely. The concept must demonstrate the applicant's technical approach to achieving the goals of this program. The video concept should consider the requirements of the program and merit review criteria found in this NOFO.

Submission Method:

The Applicant's Phase 1 Concept Video Presentation must be uploaded to a cloud storage device (e.g., Google Drive, Dropbox) and a link to the video must be submitted by email to abujasolicitations@usaid.gov by the closing date and time indicated on the NOFO Cover Letter. Please be sure that the link provided has viewing permissions set to "Anyone with the link." Email submissions must include the NOFO number and applicant's name in the email subject line, as indicated below:

"USAID UPHIP NOFO No.72062024RFA000009 [Applicant's Name] Concept Video Submission"

NOTE: Videos must not be sent as an attachment. Applicants should provide a link to the video within the body of the email.

Applicants must provide Primary Contact Person and Alternate Contact Person (name, title, organization, mailing address, telephone number and email address) in the email with the video submission link.

All Phase 1 Concept Video Presentations in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, as amended. Phase 1 Concept video submissions that are submitted after the closing date and time will not be considered. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time.

All video concepts received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines. Applications that are incomplete or not directly responsive to the terms, conditions, specifications, and provisions of this NOFO may be categorized as non-responsive and eliminated from further consideration.

4. Application Format and Guidelines

Phase 1: Video Concepts Submission

Video concepts must effectively showcase the results to be achieved through the USAID Primary Healthcare Improvement Program (UPHIP) in Nigeria, demonstrating the program's potential impact and value to stakeholders. The concept should be specific, complete, and presented concisely. It must demonstrate the applicant's technical approach with respect to achieving the goals of this program. The concept should consider the requirements of the program, and the merit review criteria found in Section E of this NOFO. The video presentation must meet the following requirements:

1. **Length:**
 - The video must not exceed **10** minutes.
2. **File Format:**
 - MP4 video format.
3. **Visual and Audio Quality:**
 - Use high-definition (HD) video quality (1080p or higher).
 - Ensure clear and audible sound, with no background noise.
 - Use good lighting and a stable camera setup.
4. **Presentation Style:**
 - Use simple language to ensure the message is accessible to a broad audience.
 - Must be in English.
5. **Additional Elements:**
 - **Subtitles:** Include English subtitles to enhance accessibility.

Video Content Structure:

The Concept video presentation must contain the following information:

A. Introduction

- Organization Name
- Location of Organization, including state offices as appropriate.
- As applicable, name of partner organizations

B. Technical Approach

The Applicant must describe how they propose to achieve the objectives and targets and provide its overall vision. The Technical Approach should be based on evidence and sound theories of change that illustrate how the proposed activities will lead to the desired outputs, outcomes, and results that meet the selection criteria.

1. Program Objectives

- Clearly outline the main objectives of your proposed activity.

2. Theory of Change and Expected Results

- Provide a results framework that details the statement of logic, assumptions, causal relationships, challenges, opportunities, and risks within the health sector in Nigeria and show how the applicant's approach addresses them to reach the proposed objectives.
- Propose a list of suggested indicators and targets to achieve the applicant's projected results over the life of the program.

3. Key Activities

- Describe the primary activities that will be undertaken to achieve the applicant's proposed objectives, results and targets.

Phase 2: Oral Presentations

The highest rated applicants from Phase 1 will be invited to present their concept. The oral presentation invitation will outline instructions, the agenda and the proposed date. Oral presentations will be held in-person, unless otherwise notified by the Agreement Officer.

The purpose of the presentation is to better understand the concept and its approach. The oral presentations will address the technical approach, responses to questions identified in Phase 1 and the concept's management framework, organizational structure, staffing plan, and institutional capacity, as defined below.

The Applicant must provide an overview of the management approach that ensures a multidisciplinary team operating at the national and state levels and shows the relationship within the team and between partner organizations (as applicable). As applicable, the overview should articulate the role of each member organization of the consortium and their respective contributions, and:

- Describe how the concept leverages experiences from local Nigerian government and private organizations in the field of health systems, especially primary healthcare with assured secondary and tertiary linkages, pandemic preparedness and global health security, climate and environmental health, digital health, private sector engagement, and innovative financing.
- Describe relevant institutional technical capacity and experience.

- Discuss pertinent work experience and representative accomplishments in developing and implementing programs of a similar scope and size.
- Show how the partner's proposed responsibilities are complementary, clearly demonstrate integration, and show how efforts will not be duplicative

After the presentations, USAID will use the Merit Review Criteria in E.3 to assign a final rating to applicants. Successful applicants will move forward to Phase 3.

Note: USAID will not cover expenses associated with travel, the presentation, or proposal preparation.

Phase 3: Submission of Full Applications

Upon completion of Phase 2, a Request for Application (RFA) will be sent to the Apparently Successful Applicant(s) and provide additional instructions and detail for the full technical and business application. Subsequently, USAID/Nigeria will initiate negotiations regarding the anticipated costs associated with implementing the Program Description. The Apparently Successful Applicant(s) must furnish the information required by this NOFO and the subsequent Request for Application.

These applications will be evaluated, and an award will be prepared and shared with the Apparently Successful Applicant(s) for their review. USAID may request additional information from the applicant regarding their technical approach, organizational capacity, management framework, past performance, cost application, and certifications if required.

USAID retains the right to cancel negotiations and the award process at no cost to the Government.

5. Other NOFO Requirements

5.1 Unique Entity Identifier (UEI) and SAM Registration

Applicants must obtain a Unique Entity Identifier (UEI) and register in the System for Award Management (SAM) (<https://sam.gov/>) in order to be eligible to receive federal assistance, such as grants and cooperative agreements.

Applicants are not required to have an active registration in SAM.gov at the time the video concept paper is submitted to USAID. The registration process may take many weeks to complete, applicants are strongly encouraged to begin the registration process early. USAID may not award to any applicant unless the applicant has complied with all applicable Unique Entity Identifier (UEI) and System for Award Management (SAM) requirements detailed in this NOFO.

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

5.2 Funding Restrictions

- 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.
- Construction will not be authorized under this award.

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

5.3 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 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 Agreement Officer 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 PRE-AWARD TERM)

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

The merit review criteria prescribed here are tailored to the requirements of this NOFO. Applicants should note that these criteria serve to: (a) identify the significant matters which the applicants should address in their applications, (b) set the standard against which all applications will be evaluated, and (c) determine which applicants will be invited to participate in Phase 3 of the selection process.

Merit Review Factors will be evaluated relative to each other, as described here and prescribed by the Technical Application Format.

2. Phased Selection Process

Phase 1 – Video Concept

The Video Concept will be reviewed by a Merit Review Committee according to the criteria described in E.3 below. The purpose of this review is to shortlist concepts that address result areas mentioned in Section C of the NOFO and fulfills the selection criteria mentioned in Section E.3 below. A concept is determined to be acceptable if it proposes a sound approach and USAID has Strong Confidence that the applicant understands the requirement and will be successful in performing with no government intervention based on the merit review criteria below.

The Agreement Officer makes the final determination and is the only individual who may legally commit the U.S. Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either an Agreement signed by the Agreement Officer or a specific, written authorization from the Agreement Officer.

USAID anticipates two (2) possible results from the Video Concept merit review process:

- **CONDITIONALLY ACCEPTABLE** - Video Concept is evaluated based on the merit review criteria, the applicant is found to propose a good approach, USAID has Good Confidence that the applicant understands the requirement and will be successful in performing with little or no government intervention. Applicant(s) whose video concept is conditionally accepted will be invited to attend an oral presentation to present their technical approach and other sections as further detailed in the merit criteria for Oral Presentations Section below to receive further consideration.
- **UNACCEPTABLE**: Video concept is UNACCEPTABLE when evaluated against the merit review criteria, the applicant is found to propose an unsound approach and USAID has Low Confidence that the applicant understands the requirements and the applicant(s) will be unsuccessful in implementing the program. If UNACCEPTABLE, USAID declines the video concept. Due to the number of video concepts anticipated, USAID will not be able to provide details on why the video concept was not selected.

Phase 2- Oral Presentation

Successful applicants whose application was conditionally accepted based on the Merit Review Criteria will be invited to present their concept in-person, unless otherwise notified by the Agreement Officer.

The purpose of the presentation is to better understand the concept and its approach to the solution, as well as provide USAID an opportunity to pose clarifying questions. After the presentations, USAID will use the Merit Review Criteria to assign a final rating to applicants and determine whether the oral presentation addressed the strategic objectives outlined in Section C of the NOFO. Only oral presentations that are acceptable will move forward to Phase 3.

- **ACCEPTABLE** - Concept is **ACCEPTABLE** when the applicant proposes a sound approach and USAID has **Strong Confidence** that the applicant understands the requirements and will be successful in performing with no government intervention. Applicants can only be rated as **ACCEPTABLE** after the applicant(s) has orally presented a concept.

Phase 3- Full Application

Successful Applicants will submit the Full Technical and Business (Cost Application) only when requested to do so by the Agreement Officer. Detailed requirements will be included in the Request for Application (RFA) letter. The final applications will be reviewed and evaluated. USAID may request additional information from the applicant regarding their technical approach, organizational capacity, management framework, past performance, cost application, and certifications if required.

Subsequently, USAID/Nigeria will initiate negotiations regarding the anticipated costs associated with implementing the Program Description. No funding will be made available before the award. Applicants are responsible for all costs related to the oral presentation phase and development of the technical and cost applications. USAID retains the right to cancel negotiations and the award process at no cost to the Government.

3. Merit Review

USAID will conduct a merit review of all video concepts received that comply with the instructions in this NOFO. Applications will be reviewed and evaluated in accordance with the following criteria.

During Phase 1, only Merit Review Criterion 1 will be assessed. For Phase 2, Merit Review Criterion 1 will be weighted more heavily, while Merit Review Criterion 2 and 3 will be weighted equally.

Merit Review Criterion 1: Technical Approach (applicable for video concept and oral presentations)

The demonstrated technical soundness of the concept submission detailing how the Applicant intends to achieve each of the objectives and results outlined within the program description.

- Extent to which the applicant's technical approach demonstrates a clear and detailed statement of logic, assumptions, causal relationships, challenges, opportunities, and risks within the health sector in Nigeria and how the applicant's approach addresses them in order to reach the proposed objectives.
- Extent to which the Applicant presents a plan that is technically sound, well defined, achievable, flexible and adaptable, cogent, feasible, clearly outlines innovative approaches, demonstrates alignment with country and USAID policies and priorities.

- The extent to which Applicant's proposed preliminary plan showcases the applicant's ability to create tailored approaches for at least two geopolitical zones and demonstrates an understanding of contextualized, data-driven and people-centered technical assistance plans.
- The extent to which the quality of RMNCAH primary health care services improve health outcomes, how the approach will achieve improved RMNCAH and malaria outcomes and strengthen the management capacity of health facilities, and networks of excellence to drive health system performance improvement and demand side support.

Merit Review Criterion 2: Management Framework and Institutional Capabilities (applicable for oral presentations only)

The applicant's approach to award management, including how the applicant plans to operate at the national and state levels.

- The extent to which the application clearly describes how each consortium member organization contributes to the achievement of the activity purpose with descriptions of the capabilities and responsibilities of each of the consortium members.
- Application demonstrates soundness of organizational structure (headquarters, central, , and state staffing) for smooth working systems and efficient use of resources.
- The extent to which the proposed roles and responsibilities are well-defined and shows clear reporting relationships.
- The extent to which the Applicant proposed gender balance within its staffing plan (headquarters, central, and state staffing), including key leadership and management positions.
- The extent to which there is representation by a diverse team of qualified professionals in key leadership and management positions.
- The extent to which the Applicant presented a plan to quickly mobilize key staff and resources on the ground both in its headquarters and throughout the targeted areas.
- The extent to which the Applicant proposes a qualified and experienced team of key personnel (including women) offering the right mix of skills and expertise to ensure successful project implementation.
- The Applicant will be evaluated on the extent to which the partners proposed to implement the activity possess relevant technical capacity and experience; and demonstrate those partners ability to implement this activity. The extent to which the partner's proposed responsibilities are complementary and demonstrate integration and are not duplicative.

Merit Review Criterion 3: Organizational Structure and Staffing Plan (applicable for oral presentations only)

The planned strategy to utilize a consortium, collaborations, partnerships, or other means of providing a robust and strong technical approach.

- The Applicant will be evaluated on the extent to which the organizational structure and staffing plan proposed is able to reflect the Applicant's approach to implement the activity.
- The extent to which the Applicant demonstrates an organogram that reflects, appropriate level of effort, reporting relationships, and where any overlap may occur and if/why it is necessary.
- The extent to which the Applicant clearly articulates the division of responsibilities between staff and offices, including relationships with the host country government staff/structure, level

of effort at central, state, and LGA levels, and engagement with subgrantees and other stakeholders to implement the activity.

4. Cost Evaluation

USAID will evaluate the cost application of the applicants under consideration for an award. The applicant's cost application will be evaluated to ensure it is a realistic financial expression of the proposed project and does not contain estimated costs which may be unreasonable or unallowable.

Cost negotiations will only be conducted with the Apparently Successful Applicant(s). If a mutually satisfactory award cannot be negotiated, the Agreement Officer will notify the applicant that negotiations have terminated, and the Agreement Officer will initiate negotiations with the second most technically acceptable applicant. This procedure will continue until a mutually satisfactory award has been negotiated.

The final cost application may be adjusted, for purposes of evaluation, based on the results of the detailed budget review and its assessment of credibility, completeness and for:

- Allowable Costs (2 CFR 200.403)
- Reasonable Costs (2 CFR 200.404)
- Allocable Costs (2 CFR 200.405)

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

The Agreement Officer will perform a risk assessment (2 CFR 200.206). The Agreement Officer 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 – 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 Agreement Officer will decide to execute the award, not execute the award, or award with “specific conditions” (2 CFR 200.208).

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

Award of the agreement contemplated by this NOFO cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

Following selection for award, an electronic copy of the notice of the award signed by the Agreement Officer will be sent to the Recipient, which serves as the authorizing document. The Agreement Officer will only do so after making a positive responsibility determination that the Recipient possesses, or can obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID.

The award will be issued to the contact as specified in the application as the Authorized Individual in accordance with the requirements in the Representations and Certifications.

USAID reserves the right to perform a pre-award survey which may include but is not limited to: (1) interviews with individuals to establish their ability to perform agreement duties under the project conditions; (2) a review of the prime Recipient's financial condition, business and personnel procedures, etc.; and (3) site visits to the prime Recipient's institution.

2. Administrative & National Policy Requirements

The resulting award from this NOFO will be administered in accordance with the Standard Provisions of ADS 303. The appropriate provisions will be provided upon determination of the type of resulting award.

3. Co-Design

USAID will invite the Recipient(s) to develop the UPHIP Year One work plan through a multi-stakeholder co-creation workshop. The Recipient(s) will be responsible for coordinating and hosting this workshop, in consultation with USAID.

The essence of the co-creation workshop is to engage in a round of in-person co-design with USAID/Nigeria, Ministry of Health and National Primary Healthcare Development Agency. The workshop will provide an opportunity to brainstorm with one another and USAID to gain further understanding of the problem statement, the critical stakeholders, the GON and USAID's priorities; and develop milestones and expected results.

ADS 201.6 defines co-creation as “a design approach that brings people together to collectively produce a mutually valued outcome, using a participatory process that assumes some degree of shared

power and decision-making.” Co-creation is a design approach that brings people together to collectively produce a mutually valued outcome, using a participatory process that assumes some degree of shared ownership and decision-making. By involving local organizations, the private sector, traditional USAID implementing partners, local experts, host country government officials, and other international donors during the co-creation process, co-creation can greatly enhance opportunities for increasing local ownership of USAID programming. Moreover, co-creation can also lower the programmatic risk that USAID will not achieve the intended results, because the activity design and implementation will be informed by engagement with a broader array of stakeholders.

USAID envisages an open, creative back-and-forth process with external experts and implementers to:

- build a strong analysis rooted in multiple, diverse perspectives and forms of expertise;
- promote multiple viewpoints that will help to identify parameters, prioritize focus areas, or identify opportunities for system collaboration;
- solicit the feedback, validation, and buy-in of multiple stakeholders;
- better understand local needs and constraints and encourage local communities to act; and approach development through a more inclusive, collaborative, creative, and open process.

4. Reporting Requirements

The programmatic reporting requirements below may be made part of any award issued under this NOFO. If timelines for submissions are not identified below, they will be determined by the AOR. More detail on each reporting deliverable will be included in the eventual award. The recipient must also consult with the AOR on the format and expected content of all reports prior to submission.

- **Financial Reporting:**

The Recipient will submit electronic copies of Financial Reports in keeping with 2 CFR 200 and 2 CFR 700. The Financial reports must be submitted via electronic format to the cognizant Mission Financial Payments office. In addition, copies of all final financial reports shall be submitted to the Agreement Officer’s Representative (AOR).

- **Performance Reporting**

- Annual Work Plan:** The recipient will develop an Annual Work Plan based on fiscal year within 60 days of the effective date of the award. For subsequent years, the recipient will submit an Annual Work Plan for the following year of implementation 30 days prior to the end of the preceding fiscal year. In developing the work plans, the recipient will be required to outline all ongoing activities, targets and/or benchmarks, and results to be achieved over the course of the year within each of those activities. The recipient is expected to engage the key and relevant stakeholders both at the national and county levels for joint work planning. The co-creation of the work plan should ensure that the activities proposed are aligned to the government and key stakeholders’ priorities and results in inclusion to the national or local government institution’s annual work plan, with estimated budget from all the stakeholders. This strategy should be embraced to promote self-reliance. The work plans will be structured for continual learning and adaptive management, so that lessons learned in the course of implementation and best practices shared from experiences in other implementation

programs can be used to make adjustments for program improvement.

- ii. **Activity Monitoring, Evaluation, and Learning Plan (AMELP):** The recipient will submit the AMELP informed by the program description, using a standardized Mission AMELP template to be shared after award. The AMELP for the first year of the Activity will be due within 90 days of award. The AMELP will indicate benchmarks and indicators to measure progress for all interventions, including methods of data collection and analysis of the same. Evaluations and studies will be used to determine the impact of HSSP investments on the overall service delivery programs as appropriate. The recipient will use the collaborating, learning and adapting (CLA) approach during the Activity's implementation. The CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative; test promising, new approaches in a continuous yet also rapid, targeted research for generating improvements and efficiencies; and build on what works and eliminate what doesn't work. The recipient will identify and monitor research and/or learning questions or evidence gaps, especially as they relate to key programmatic assumptions and/or the influence of external contextual conditions on activity impact and apply learning and evidence gathered to make adjustments and adaptations as deemed necessary during the implementation. Application of the new knowledge to implementation decisions will be reflected in the Activity Work Plans and AMELPs.
- iii. **Quarterly Progress Report:** The recipient will submit quarterly progress reports 30 days after each fiscal quarter. The fourth quarter report shall be a cumulative annual report (i.e. for the fiscal year). Quarterly progress reports will summarize progress in relation to agreed targets or milestones contained in the Work Plan and report on all indicators in the AMELP. The report will also include a narrative that describes the overall impact of program activities with respect to the higher-level goals of the Activity. The report will specify any problems encountered and indicate resolutions or proposed corrective actions (for each corrective action, the recipient will designate responsible parties and establish a timeframe for completion). The report will list activities proposed for the next reporting period, noting where they deviate from the approved Work Plan and will provide information on accrued expenditures to date. Each progress report will also include the following: i) at least one snapshot or success story; ii) content for social media, such as text and photos for tweets, iii) any innovative approaches supported by the Activity and their impact on achieving results; iv) a discussion of how the Activity is utilizing local expertise and strengthening local capacity to achieve health systems strengthening and sustainability goals or results; v) linkages with other USAID and other donor programs and their impact on the results of this Activity.
- iv. **Annual Reports:** Within 45 days after the close of each USAID fiscal year, the Recipient will submit to the AOR a comprehensive annual report that reflects the progress of program activities over the last year. (This report would complement, not replace, the relevant quarterly reports.) The report, based on the approved PMP but not necessarily limited to such, should indicate the results and impact the program is having on the target beneficiaries.

- v. **Final Report:** The recipient will submit a final report that covers the entire period of the award. It will be submitted 90 days after the expiration of the award and will include the following: i) a description of the cumulative results achieved; ii) final data compared to baseline data for all indicators included in the AMELP; iii) an assessment of the impact of the Activity, disaggregated by gender and age, and potentially highlighting vulnerable groups, as well as a summary of problems/obstacles encountered during the implementation and how those obstacles were addressed and overcome if appropriate; iv) a presentation of life-of-activity results towards achieving the Activity's objectives and the performance indicators, as well as an analysis of how the indicators illustrate the Activity's impact on improvement of health systems outcomes; v) recommendations regarding unfinished work and/or future needs and directions for improvement of health systems outcomes; vi) recommendations for what issues no longer require donor assistance; and vii) a summary of lessons learned and any particularly important success stories.
- vi. **Close-out and disposition plan:** Close-out and disposition Plan: One hundred and eighty (180) days or 6 months prior to the end of the Agreement, the Recipient shall submit a closeout plan to the AOR and the Acquisition and Assistance Office. The closeout plan shall include: brief program summary; brief program timeline; financial status report; final Financial Status Report timeline; latest NICRA or indirect cost rates; anticipated balance of federal funds after expiration of the instrument; final inventory of residual non-expendable property, which was acquired or furnished under the instrument; program and activity end date; recipient responsibilities during phase out; Subawardees and/or partnership phase out; status of all program audit reports per the instrument's provisions; final audit report timeline; final report timeline; personnel phase-out timeline; personnel phase-out plan; and job descriptions for personnel anticipated to serve during the closeout phase.
- vii. **Branding and Marking Plan:** The Recipient shall include a branding and marking plan to be evaluated and approved by the Agreement Officer, in consultation with the Mission with concurrence from the Agreement Officer's Representative (AOR), due no later than 30 days after the award is made, in full compliance with ADS 320. Please refer to ADS 320, (<http://www.usaid.gov/policy/ads/300/>) specifically ADS 320.3.3.3 for more information. Additionally, marking shall comply with the USAID "Graphic Standards Manual" available at: www.usaid.gov/branding, or any successor branding policy.
- viii. **Development Experience Clearinghouse Requirements:** Development Experience Clearinghouse Requirements: The Recipient shall be required to submit any technical reports produced under this program, in English, to USAID's Development Experience Clearinghouse (DEC) according to the instructions found at <https://dec.usaid.gov/dec/content/submit.aspx>.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

1. NOFO Points of Contact

Caraline DiNunzio
Contracting Officer
Email: cdinunzio@usaid.gov

Maryann Asielue
Acquisition & Assistance Specialist
Email: masielue@usaid.gov

Any prospective applicant desiring an explanation or interpretation of this NOFO must request it in writing by the deadline for questions specified in the cover letter to allow a reply to reach all prospective applicants before the submission of their applications. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment of this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

Any questions or comments concerning this NOFO must be submitted in writing by email to abujasolicitations@usaid.gov by the deadline for questions indicated at the top of this NOFO's cover letter.

2. Acquisition and Assistance Ombudsman

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

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

[END OF SECTION G]

SECTION H: OTHER INFORMATION

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

Applications with Proprietary Data

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

“This application includes data that must not be disclosed, duplicated 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]

ANNEX A - RESOURCES AND ADDITIONAL INFORMATION

Additional Information and Resources available to Applicants as attachments include:

- Nigeria Health Sector Overview and Country Context
- Nigeria Health Sector Renewal Investment Program
- Health Sector Strategic Blueprint Framework
- Basic Healthcare Provision Fund
- E-MOTIVE

[END OF ANNEX A]

ANNEX B - ABBREVIATIONS AND ACRONYMS

AOR	Agreement Office Representative
ANC	Antenatal Care
CHO	Community Health Officer
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHEW	Community Health Extension Worker
CHDP-	Community Health Delivery Partnership
CDCS	Country Development Cooperation Strategy
DHIS2	District Health Information System
FP	Family
GBV	Gender Based Violence
GON	Government of Nigeria
GHWI	Global Health Workforce Initiative
GFF	Global Financing Facility
HRH	Human Resources for Health
HSS	Health System Strengthening
HMIS	Health Management Information System
IPT	Intermittent Preventative Therapy
JCHEWS	Junior Community Health Extension Workers
LGA	Local Government Area
LOE	Level of Effort
MOH	Ministry of Health
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MEL	Monitoring and Evaluation
MEO	Mission Environmental Officer
MEARL	Monitoring Evaluation Accountability, Research and Learning
MBA	Master in Business Administration
MPH	Master in Public Health
NHSRIP	National Health Strategic Renewal Investment Plan
NDHS	National Demographic Health Survey
NPHCDA	National Primary Health Care Development Agency
PLSO	Partner Liaison Security Operations
RH	Reproductive Health
SBA	Skilled Birth Attendant
SMOH	State Ministry of Health
SPHCDA	State Primary Health Care Development Agency
TBA	Traditional Birth Attendant
WRA	Women of Reproductive Age

[END OF ANNEX B]

ANNEX C - STANDARD PROVISIONS

The resulting award will include all standard provisions (both mandatory and required as applicable) in full text.

[END OF ANNEX C]

[END OF NOFO NO. 72062024RFA000009]