Issuance Date: April 30, 2018
Deadline for Questions: May 15, 2018 at 16:00 Burundi Time
Application Closing Date: June 14, 2018
Application Closing Time: 16:00 Burundi Time

Subject: Notice of Funding Opportunity (NOFO) Number: 72069518RFA00002

Activity Title: **TUBITEHO (Let's Take Care of Them) Health Activity**

Dear Prospective Applicants:

The United States Agency for International Development (USAID) in Burundi (USAID/Burundi) is seeking applications from qualified and eligible U.S. or non-U.S. Non-Governmental Organizations (NGOs) (non-profit, for-profit willing to forego profit, and institutions of higher education) to implement a health service Activity in Burundi as further described in Section A of this NOFO. Eligibility for this award is unrestricted. See Section C of this NOFO for eligibility requirements.

USAID intends to be substantially involved in the implementation and performance of the Activity; therefore, the award will be a cooperative agreement rather than a grant.

Subject to the availability of funds a cooperative agreement will be made to the applicant(s) whose application(s) best meets the objectives of this funding opportunity based on the merit review criteria contained in Section E.1 of this NOFO and who poses an acceptable risk based on a risk assessment. While one award is anticipated as a result of this NOFO, USAID reserves the right to fund any or none of the applications submitted.

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

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on www.grants.gov, and may be amended. Potential applicants should regularly check the website to ensure they have the latest information pertaining to this NOFO. Applicants will need to have available or download Adobe program to their computers in order to view and save the Adobe forms properly. It is the responsibility of the applicant to ensure that the entire NOFO has been received from the internet in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on

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

The successful Applicant will be responsible for ensuring the achievement of the Activity objectives.

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

Applicants should retain a copy of their application, and any enclosures thereto, for their records.

Issuance of this NOFO does not constitute an award commitment on the part of USAID nor does it commit USAID to pay for any costs incurred in the preparation or submission of any application. Applications are submitted at the risk of the applicant. USAID reserves the right to reject any or all applications received.

Thank you for your interest in USAID Activities.

Sincerely,

Peggy L. Manthe

Peggy L. Manthe
Agreement Officer

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SECTION A: PROGRAM DESCRIPTION

A.1. Objectives

The Development Objective of the USAID/Burundi, as set out in the Health Project Appraisal Document (PAD), is "To improve the health of Burundians, especially of women, children, and infants." The primary purpose of the Tubiteho Activity is to contribute to achieving this objective through increased demand for, access to, and use of quality health services by women, children, and infants. Key objectives are:

- Access to quality essential health services increased
- Adoption of positive healthy behaviors increased
- Strengthened health systems for health service delivery

Tubiteho means "Let's take care of them" in Kirundi, the national language of Burundi, and will be a "flagship" activity in the USAID/Burundi Health Portfolio for Family Planning and Reproductive, Maternal, Neonatal and Child Health (RMNCH), as well as for malaria control at the household and health facility level, and for national and central level support of strengthening malaria case management activities.

A.2. Background

A.2.1 Country Context

A.2.1.1. Geographic

The Republic of Burundi is a small, landlocked country in Central Africa (27,230 km^2). It has a varied altitude ranging from 800 meters above sea level, along the coast of Lake Tanganyika, rising to over 2,400 meters in the highland areas of the north and east. The climate is tropical equatorial in the lowland areas and temperate in the highlands with two distinct rainy seasons. Burundi is surrounded by Tanzania to the East and South, Rwanda to the North, and Democratic Republic of Congo and Lake Tanganyika to the West. It is the second most densely populated country in Africa (approximately 11.2 million people, 470 inhabitants/km^2).

A.2.1.2 Political

Burundi was formerly a colony of Belgium and is currently a member of the East African Community within the African Great Lakes Region states. Burundi's history as an independent country has been characterized by political instability. Since the Arusha Peace Agreement in 2000, which ended 12 years of civil war, Burundi had enjoyed relative stability, paving the way for economic recovery. Contested elections in 2015, however, resulted in a political and economic crisis, the effects of which are multi-sectoral and on-going.

Burundi is one of the least developed and most fragile countries in the world, with high levels of hunger and malnutrition that have been exacerbated by the political and economic crisis. An

ongoing refugee crisis, with over 428,000 Burundians registered in neighboring countries, and internal displacement of about 176,000 persons[1], is separating people from their land during harvest time and refugee returns in the future will create an increasingly complex food security and land problem. During the ten year period from 2005 to 2015, important gains were realized in the health sector, due most notably to the provision of free healthcare to pregnant women and children under five and a robust system of performance-based financing (PBF), but these gains remain fragile and may be at-risk due to the ongoing economic crisis and uncertain political future.

A.2.1.3 Economic

Burundi has a Gross Domestic Product per capita (GDP) of $285.73 (World Bank) and ranked 184 out of 188 countries on the 2015 UNDP Human Development Index (UNDP 2015 Human Development Report). According to the United Nations State of World Population 2011 report, 81 percent of Burundi's population lives on less than $1.25 per day. The population also suffers from chronic food shortages and has high rates of chronic malnutrition among children under five. There is limited access to water and sanitation, and less than 5% of the population has electricity.

Burundi's key exports are coffee and tea. Burundi's poverty reduction efforts are constrained by a weak rural economy, heavy reliance on development aid, vulnerability to adverse environmental events, and unsustainable population growth.

A.2.1.4 Health Indicators (see Annex B)

Burundi has made significant improvements in basic health indicators over the past three decades, but remains among the poorest in Sub Saharan Africa due to a fragile health system and heavy burden of infectious diseases and malnutrition. Child mortality decreased from 152 per 1000 live births in 1987 to 78 per 1000 live births in 2016. Maternal mortality decreased from 500 to 392 per 100,000 live births between 2010 and 2016 (2016 -17 DHS). Total fertility rate also decreased from 6.9 to 5.5 births per woman of reproductive age between 2010 and 2016, but remains one of the highest in the world. Burundi has made advances in key family planning and reproductive health indicators but the unmet need for family planning in 2016 remained at an estimated 30%. The maternal mortality ratio decreased from an estimated 500 deaths per 100,000 live births in 2010 to 334 deaths per 100,000 live births in 2016. Malaria is one of the most serious public health problems in Burundi and it places a heavy burden on the health system. Cases increased from 2.6 million in 2013 to 8.3 million in 2017, but fell back to 2013 levels from October 2017- January 2018, following a mass distribution of insecticide treated bed-nets. While caseloads remain high, the case fatality rate has been consistently low at 0.04-0.06%.

A.2.1.5 Health Service Indicators (see Annex B)

Improvements in utilization of health services coincided with the removal of user fees for children under five years of age and pregnant women in 2006. These improvements have

[1] UNHCR

continued with the use of modern family planning methods increasing from 18% in 2010 to 23% in 2016, and health facility deliveries went from 60% in 2010 to 84% in 2016. Vaccination coverage for all childhood vaccines through the Expanded Program of Immunization (EPI) increased from 83% (2010) to 85.2% (2016) while those unvaccinated fell from 0.6% (2010) to 0.3% (2016).

Intermittent Preventive Treatment for malaria in Pregnancy (IPTp) is on the increase (0.3% in 2010 to 29.6% in 2016 for one dose[2]) and the widespread availability and use of rapid diagnostic tests (RDT) increased the proportion of children with a fever tested for malaria. However, reported use of mosquito nets by pregnant women and children under five years of age fell from 49.9% and 45.3% (2010) to 43.8% and 39.9% (2016) respectively. Quality of case management for malaria has increased over the past six years with 98% patients confirmed positive through RDT or microscopy test before treating as per treatment guidelines, an increase from 63% in 2011.[3]

A.2.1.6 Political, social, religious and cultural determinants of health in Burundi context

Several political, economic, religious, social and cultural factors contribute to poor health in Burundi. Civil unrest over the past decade has led to increased mobility internally and externally. Restricted movements and general insecurity have affected access to diagnosis and service provision, and adherence to treatment. Economic hardship reduces the ability to engage in healthy behaviors as household priorities change to adapt. Religious beliefs influence demand for services, such as family planning traditions within the Catholic Churches, which are widespread in Burundi. Social and cultural norms and values increase risk of Gender Based Violence (GBV) and choices in family size, age of pregnancy, and child spacing while decreasing willingness to deliver in a health facility and use of bed-nets. Infant feeding practices are also highly influenced by cultural and societal norms.

A.2.1.7 Health Sector

The health of Burundians is influenced by a multitude of factors within and outside the health sector. As a result, the actions and policies of ministries concerned with internal and external relations, national security, agriculture, climate change, basic transport and road networks, women and children and others will affect the impact of this Activity.

The Burundi Health Sector comprises a diverse group of entities providing healthcare to Burundians and includes the Government of Burundi (GOB), Faith-based organizations (FBOs), and private practitioners who provide curative and preventive health services. Other key players are health insurance companies, private pharmacies, organizations involved in supply chain management, regulatory bodies, water and sanitation programs, private sector communication

[2] The Case Management Survey (December 2017) conducted by PNILP found 100% pregnant women received SP during ANC visits although not all were observed taking the tablets on site.

[3] *Enquête sur la Qualité de la prise en charge des Cas de paludisme dans les structures de soins au Burundi (Décembre 2017)* PNILP.

companies, civil society organizations and bodies that provide pre-service training for health care workers and support staff. All of these diverse groups play a role within the Health Sector.

The National Health Development Plan (NHDP) guides the implementation of interventions and decision-making through the Health Sector Steering Committee, comprising key stakeholders in the health care delivery system. In 2018, the NHDP will be revised. The strategic plans for programs and other departments and semi-autonomous organizations provide more specific interventions under the umbrella of the NHDP. The Health Sector Steering Committee is not fully functional and Annual Joint Health Sector Reviews are not conducted in Burundi. Health services in Burundi are financed by the GOB from taxation and exports, through multinational and bilateral development assistance, humanitarian NGOs, health insurance, and out of pocket expenditure. The proportion of Government budget to health was 12% in 2017 up from 7.7% in 2016, but the absolute expenditure is in decline, as is overall National Budget. Donor contributions constitute almost half of all health expenditure. The United States Government (USG) was the second highest contributor of external funds.

The key external funding agencies are international organizations (World Bank, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)), United Nations Organizations including World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), Joint United Nations Program on HIV and AIDS (UNAIDS), United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and bilateral assistance including USG, European Union (EU), Belgium, France, Switzerland, Germany and Japan.

Several significant reforms have been made in the health sector over the past ten years with donor support, including decentralization of the health system through the formation of health districts, introduction of PBF, community based insurance, and the removal of fees for pregnant women and children under the age of five years.

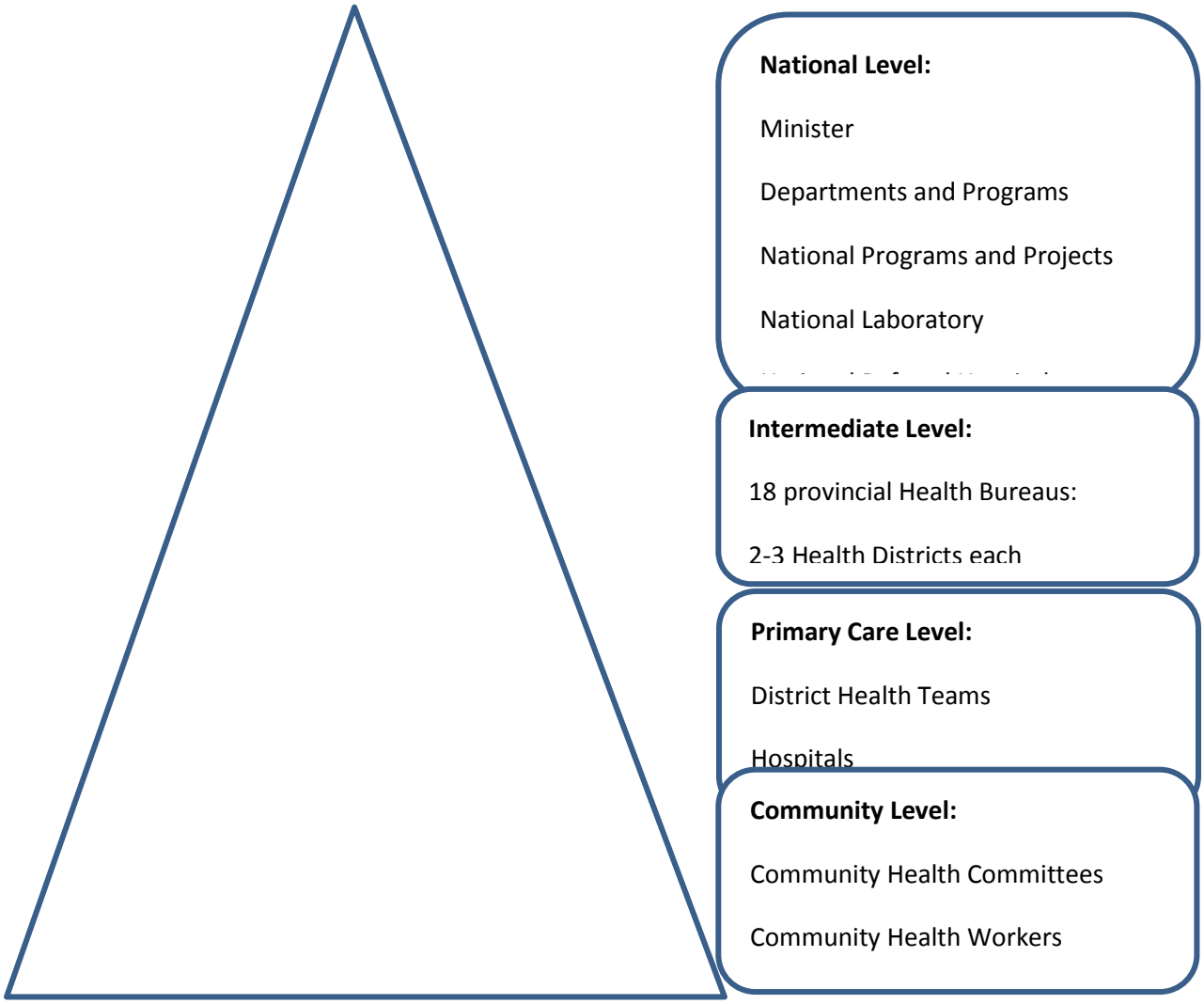
A.2.1.8 Burundi National Health System

The Ministry of Public Health and Fight Against AIDS (MSPLS) consists of both vertical (primarily donor funded) programs and cross cutting departments (i.e., health information, policy and planning and medical products and supply chain). The key programs and departments within the MSPLS that USAID collaborates with are HIV/AIDS/TB (*Programme National de Lutte contre le SIDA* (PNLS) & *Programme National de Lutte contre la Tuberculose* (PNLT)), reproductive health (*Programme National de la Santé de la Reproduction* (PNSR)), nutrition (*Programme National de l'Alimentation et la Nutrition* (Pronianut)), malaria (*Programme National de Lutte contre le Paludisme* (PNLP)), vaccinations (*Programme Elargi de Vaccinations* (PEV)) and Heath information systems (*Système National d'Information Sanitaire* (DSNIS)). These programs are responsible for policy and guideline development, planning and monitoring of the implementation of these policies, guidelines, and plans.

Provincial and district level bodies are responsible for the provision of services delivered at the hospital, health center, and community level. Community Health Workers (CHWs) are an integral part of Burundi's health system. In 2004 there were 0.086 CHWs per 1000 population reporting to Health Centers and supervised by the Health Promotion technicians. The scale up of

Community Performance Based Financing is expected in 2018. However, community health systems lack integration in the existing supply chain and data management systems. (Figure 1).

Figure 1: The Burundi National Health System Hierarchy



Hospitals and health centers have been constructed and equipped through the GOB with Development Partner assistance. Health worker salaries and benefits are provided by the GOB, topped up within the Performance-Based Financing (PBF) reform. A major warehouse was constructed with USAID support and the supply chain management is supported by USAID. The key role of the Provincial and District Health Management Teams is to supervise the activities to ensure quality of service provision within the hospital and to act as a liaison between Primary Care level and National level.

Health workers are trained in both government administered and private training schools. There is no formal accreditation system for colleges of health sciences.

A.2.1.9 Health Services

The Burundi Ministry of Health (MOH), with support from financial and implementing donors, introduced an Essential Health Care Package (EHCP) in 2005. The Burundi EHCP is intended to improve access to curative services for 80% of the most common diseases and conditions attending the primary health care facilities, and a range of preventive services targeting women and children under five years of age. CHWs provide a package of diagnosis and treatment services for pneumonia, diarrhea, and malaria through an integrated community case management (iCCM) platform.

The RMNCH package approved by the MOH consists of antenatal visits that include screening for anemia, eclampsia, HIV, diabetes, sexually transmitted infections (STIs), health facility delivery, and post-natal care. Childhood vaccines for eight childhood illnesses are also provided free of charge.

The Burundi National Malaria Control Program (NMCP) administers a comprehensive package of malaria interventions. These include the distribution and promotion of the use of Long Lasting Insecticide-treated Nets (LLINs), indoor residual spraying (IRS), case management, behavior change communication, and monitoring and evaluation. Integrated community case management (iCCM) was introduced in 2012 and intermittent preventive treatment in pregnant women (IPTp) in 2015-17. Static outreach sites were set up in some districts at the height of the malaria epidemic (2017).

Burundi Health Policy promotes payments to health centers and hospitals for selected services through the PBF. Combined services for malaria and HIV prevention have been integrated into prenatal care screening and vaccination services at health centers throughout Burundi.

A.3. Development Challenge

The health status of Burundians, especially of women, children and infants, is undermined by multiple factors within and outside their immediate control. Factors outside their immediate control are the uncertain political and economic environment, climate change, availability of affordable health services and the quality of those services. Factors within the control of families, but not necessarily women and children, are access to health services and positive health behaviors within and outside the homestead.

Tubiteho will be introduced into a challenging environment. These challenges are found at four levels: 1) national, political, and economic environment; 2) health systems; 3) health facility resources and management; 4) community norms and values.

The Recipient will also implement this activity in a challenging political and economic environment with high levels of poverty, food insecurity, mobile populations, and climate change, within the country and the region. Planned interventions will be required to mitigate negative effects arising in this environment and to support progress on meeting the activity's objectives.

Health systems challenges in Burundi, from the national to district level, can be found in all six building blocks of a functioning health system: human resources, infrastructure and equipment,

data management, governance, quality of service delivery, and commodity/supply chain. Health facilities experience challenges with staff shortages and rapid turnover of staff, management of commodities and equipment as well as slow integration of community systems with existing health systems (e.g. data management, commodities, supervision).

These challenges indicate that the Recipient should implement innovative strategies to improve quality of services, increase health provider skills (e.g. on-the-job versus classroom training), improve data quality and use, and improve supply chain management at the facility and end-use level.

Challenges at the household level include low demand for some services including long term and modern family planning methods, and antenatal care (ANC) services beyond the first visit. Low value attached to services, such as mosquito nets, results in poor utilization and failure to adhere to treatment and advice given by health care providers. The Recipient should assist in addressing the root causes of the current cultural 'norms' and values to result in health behaviors being adopted as new 'norms'.

A.4. Linkages to USAID existing activities, National strategies and other Development Partners

The Recipient should implement Tubiteho in coordination with the below existing activities.

A.4.1 Link to Integrated Country Strategy and Project Appraisal Document

The U.S. Embassy Bujumbura developed a three year Integrated Country Strategy (ICS) for 2015- 2017 that identified the Embassy's policy and program priorities, regarding the following Mission Objectives: 1.1) *Improving Government Accountability and Transparency*; 1.2) *Building Capacity to Maintain Peace and Security at Home and Abroad*; and 2.1) *Increasing Economic Growth, Enhancing Regional Integration, and Improving the Health Status of Burundians*.

Tubiteho will contribute to Mission Objective 2.1, Sub-Objective 2.1.4: *Health of Burundians, Especially of Women, Children, and Infants Improved*. The ability to build a stable and prosperous society depends on improving the health and nutrition status of Burundians, especially women, children, and infants.

Tubiteho is aligned with USAID/Burundi's Health Project Appraisal Document (PAD) finalized in 2016. The purpose of the Health Project is to improve the health of Burundians, especially of women, children. Tubiteho's objective is aligned with this purpose, as well as with the Project's three sub-purposes: 1) increased adoption of positive health behaviors; 2) increased access to quality essential health services; 3) decision-making based on analytical data increased. Tubiteho's interventions contribute directly and indirectly to advancements towards the Health Projects' intermediate results under each sub-purpose.

A.4.2 Relationship to other USG programs

The Recipient should collaborate with the following activities within the USAID/Burundi Health Portfolio:

MEASURE EVALUATION supports the Ministry of Health information systems to provide complete, timely, and accurate data and translates this data into information used for planning and decision-making at the national level (National coverage).

Global Health Supply Chain - Procurement, Supply and Management (GHSC-PSM) provides support to the supply chain management system in Burundi for malaria, HIV, and family planning commodities. Commodities are procured through this mechanism (National coverage).

Youth Power - Enhanced Outcomes for Adolescent Girls and Young Women in Burundi (Mwigeme Kerebuka Urabishoboye) works to mitigate the risk of vulnerable adolescent girls from acquiring HIV (Kayanza Province).

Burundians Responding Against Violence and Inequality (BRAVI) aims to improve sexual and gender-based violence (SGBV) prevention and response efforts. (Ngozi Province).

Vectorlink provides entomological information for planning and decision-making for the National Malaria Program (National Coverage).

Linkages, Reaching an Aids-free Generation (RAFG), and Site Improvement for Monitoring Systems (SIMS) contractors are President's Emergency Plan for AIDS Relief (PEPFAR) funded activities that provide support to reaching the three ‘95s’ (HIV awareness, linking to treatment, and viral load suppression).

A.4.3 Relationship to other financial donors and Development Partners
The Recipient should collaborate with and leverage existing support provided through other related donor activities in Burundi to enhance the sustainability and cost effectiveness of Tubiteho.

The Global Fund against AIDS, Tuberculosis and Malaria (GFATM) and USAID PEPFAR and PMI programs are complementary in providing commodities and interventions for AIDS, TB, and malaria control. The three year (2017-2019) GFATM funding mechanism is administered through the United Nations Development Programme as a prime recipient and two local NGOs as sub-recipients. Close collaboration with GFATM will maximize the impact of GFATM and USAID funding opportunities.

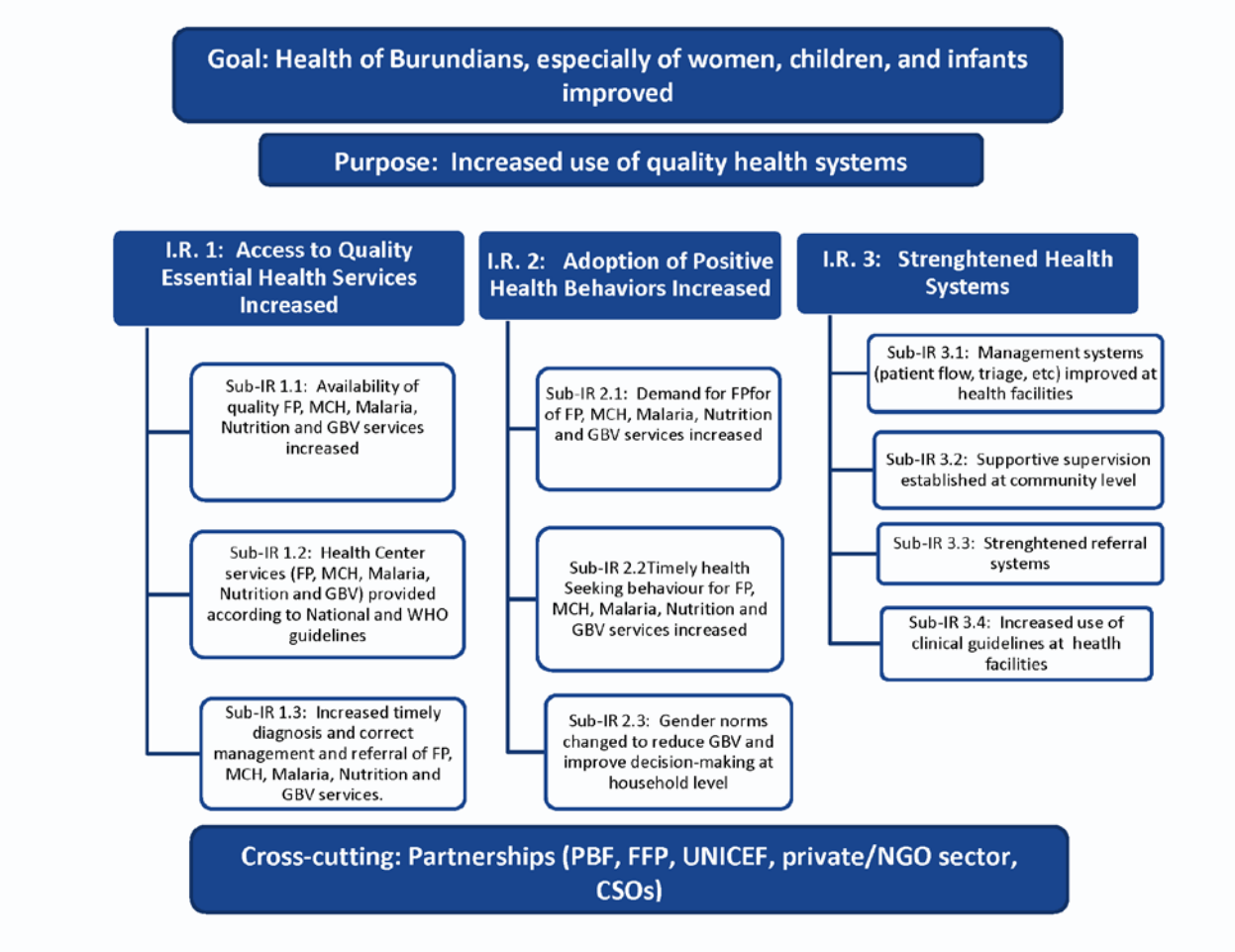
The World Bank, European Union and Global Alliance for Vaccinations and Immunizations (GAVI) provide financial support to the Burundi Government for Performance-based Financing (PBF) and health insurance. The Performance Based Financing (PBF) mechanism remunerates health facilities for selected services provided. A scale up of Community-based PBF is anticipated in early 2018.

The Netherlands and German bilateral development assistance, and the United Nations organizations provide a comprehensive portfolio of family planning, sexual and reproductive

health, and rights and empowerment of women activities. The Burundi National Development Plan is also supported by several NGOs and Humanitarian Organizations. For example, under malaria control, World Vision supports IRS and iCCM activities, the World Bank is conducting Gender Based Violence (GBV) activities in Makamba, and UNICEF has nutrition activities in both Makamba and Rumonge. The Catholic Churches Organization (COPED) works across Burundi on a range of activities that target women and children.

A.5. Results and Goals

The primary purpose of Tubiteho is to contribute towards achieving improved health for all Burundians, specifically for women and children including infants, by increasing the use of quality health services and stimulating healthy behaviors. The success of the activity will require a three pronged approach as outlined under the three IRs in Section A.9. below. The expected results include increased availability of services provided in line with national guidelines and timely referrals. In addition, under the sub-objective of adopting healthy behaviors, timely and correct utilization of services, with a focus on empowering women and girls to engage in healthy behaviors, will be improved. The achievement of these results will be reliant on a strengthened health system including functioning management systems, monitoring and accountability, and efficient referral systems. The overall goal, purpose, and results are illustrated in the Tubiteho results framework below (Figure 2):



A.6. Theory of Change

If a strong health system is in place, through which quality health services are made accessible to even the most vulnerable in society, and a change in norms and values that affect the ability of individuals to adopt positive, healthy behaviors is made, then the health status of Burundians, especially women and children will be improved.

Services required for a comprehensive health package for women and children are family planning, reproductive health, child health and nutrition. Pregnant women and young children are especially vulnerable to communicable diseases, such as malaria. Access to preventive measures and prompt treatment lead to healthier women and children. Furthermore, providing victims of gender based violence with physical and psychological care supports the health needs of one of the most vulnerable population groups in society. This theory of change also requires health workers to use nationally accepted guidelines to ensure that the services provided are of acceptable quality. This will help to improve the timeliness of services and the referral of those who require care at another level of the healthcare system.

The success of this change process will depend on the adoption of healthy behaviors to take advantage of the services on offer in a timely manner, as well as adherence to the advice of the health care workers. Another step in the change process is the improvement of decision-making at the household level and a reduction in gender based violence. Fundamental changes in the norms and values in society are a key step that will result in sustainable changes leading to healthier Burundians, particularly women and children. Successful Social and Behavior Change Communication interventions will make progress towards this outcome.

The strengthening of health systems is a critical component that will enable the change processes within health facilities and in society. Improved management systems will enable actors in the health facilities and community to provide quality health services. The outcomes of this process will therefore result in improved health of Burundians, both due to the increased access to quality health services and adoption of healthy behaviors by individuals, as social norms and values change.

A.7. General Activity Parameters

A.7.1 Target beneficiaries

In line with USAID/Burundi goals, the target beneficiaries are women, children and infants. Within this broader group particular attention will be given to the most vulnerable women including adolescent girls and those most affected by national political and economic instability.

A.7.2 Geographic Focus

For malaria interventions, the activity should focus on a country-wide approach for malaria case management. However, the Activity should also provide targeted support to the provinces most affected by high malaria caseloads and biting rates of malaria infected mosquitoes. These include Karusi, Kirundo, and Muyinga Provinces in the North and North-East of the country. Malaria control interventions may be conducted outside these provinces as the need arises, using evidence from routine data (DHIS2) and surveys to determine this need and will be addressed during implementation through the approval of the implementation plan.

Family Planning and MCH interventions should focus on a country-wide approach; however, targeted support should be concentrated in Makamba, Bururi and Rumonge Provinces in the south of the country. These Provinces show low utilization rates of key reproductive and child health services. However, these interventions may be conducted outside these provinces as the need arises and will be addressed during implementation through the approval of the implementation plan.

A.7.3 Sustainability

The Recipient should identify opportunities to leverage funds and coordinate and collaborate with other financial donors and implementers to increase the probability of continuity of interventions over time and expansion of effective interventions. Furthermore, since the Activity is focused on changing behavioral norms, both in the community in health seeking behavior and in the health facility in adherence to guidelines and other quality aspects of service delivery, the impact of the Activity will continue long after its completion.

A.7.4 Cross-cutting themes

Innovation and technology brought improvements in utilization, access, availability, and quality of health services over the past two decades. The Recipient should build on successful innovations both within and outside Burundi and should use innovative technologies and strategies to support achievement of the intermediate results (IR1, IR2 and IR3). Women are specified as a priority in the Development Objective of the USAID PAD. *Tubiteho* should ensure gender equity in all the interventions it supports. Sustainability of this Activity will be enhanced as the capacity to independently implement interventions increases. Strengthening local capacity should be an integral part of the interventions undertaken by *Tubiteho.*

A.8. Guiding Principles for Implementation

The Recipient should consider the following principles in all proposed Tubiteho interventions:

1. Sustainability, and skills and knowledge transfer will provide Burundians with a healthier future.
2. Strategies for reaching women and children, including adolescents and the most vulnerable in society, should be considered in all interventions. Promote gender equality and women's empowerment through evidence-based planning, monitoring and evaluation, reporting, and learning.
3. Collaboration with the MOH in planning, implementation, monitoring and evaluation, and use of key performance and quality indicators that are linked to RMNCH and malaria.
4. Advocacy with multiple levels of government and all stakeholders to enhance their involvement and promote sustainability and scale up of best practices.
5. Systematic documentation and sharing of innovations and best practices to enhance policy and service delivery.
6. A strong focus on data**,** including a baseline analysis, to determine focus areas of programming, identification of potential areas for operational research and/or impact evaluation, and use of data to model impact of activities.
7. Leveraging the presence of the private sector to improve the quality of health care in urban settings.
8. Advocating for the equity of quality RMNCH, malaria, and nutrition services across the country.
9. Collaboration with existing and future USAID investments.
10. Close collaboration and coordination with existing Activities operating in the same geographical area and health service level.

11. Because of the changing country context the recipient must be able to respond proactively to changes in the existing platform during the Activity period. This could include any adjustments made by the Government of Burundi (GOB) to Tubiteho intervention areas, with a particular attention to malaria interventions.

A.9. Activity Description

As stated above, Tubiteho will include malaria and RMNCH interventions with a focus on women, infants, children and adolescents. The Recipient should implement Tubiteho through the following components:

- Deliver high quality health services (IR 1)
- Deliver high impact SBCC interventions (IR 2)
- Strengthen the health system, with a focus on the province, district and community levels (IR 3)
- Deliver cross cutting interventions that will support and strengthen the first three components

Tubiteho will be implementation plan driven with the results framework serving as the foundation for annual implementation plan development. The following section serves as a guide to the types of interventions envisioned for Tubiteho. Proposed interventions under each IR should reflect focus areas of Tubiteho including maternal health, newborn care, child health, family planning/reproductive health and malaria. Collectively, these interventions should comprise a comprehensive suite of services that will improve RMNCH and malaria outcomes while reducing maternal and infant mortality. Interventions should reflect the appropriate Activity emphasis and allocated funding type.

A.9.1 I.R.1: Access to Quality Essential Health Services Increased

Burundi has a good health sector infrastructure, supported by many development partners, but there is room for improvement in the day-to-day implementation of the systems, tools, and guidelines. While the availability of the range of services is very important, effective health facility management is critical in ensuring quality service provision that gives clients confidence to return. Through Tubiteho the Recipient will assess the strengths and weaknesses in the different facilities, and provide support to improve their overall function and adherence to these systems and tools.

A.9.1.1 Sub-IR 1.1 Availability of quality FP, MCH, Malaria, Nutrition, and GBV services increased

To improve quality of care and systems in facilities, the availability of skilled staff is critical, along with the management, retention, and motivation of the staff. Other issues that contribute to the quality of care are availability of commodities, compliance to standards and use of data for decision making. While the Recipient will help to improve the technical capacity of the staff in relevant health program areas such as reproductive, maternal and child health services in collaboration with the health districts, the Recipient should also give attention and support to the

health clinics' leadership and management teams to improve the clinical governance. This may involve changing the clinic culture, accountability, and tools to create an overall patient-focused, whole-team approach to quality improvement in a facilitative environment. The Recipient should support health centers in the provision of services through outreach clinics to reach populations not accessing existing health facilities.

A.9.1.2 Sub-IR 1.2 Health Center services (FP, MCH, Malaria, Nutrition and GBV) provided according to National and WHO guidelines

Supportive supervision is the key to improve and maintain quality of care but requires full commitment of district teams and availability of appropriate tools and adequate planning. The Recipient should support health districts to plan, implement, monitor, and evaluate innovative approaches and tools to improve supportive supervision both at the clinic and community levels to improve quality of services, access to relevant information and build trust of the community in the healthcare system.

A.9.1.3 Sub-IR 1.3 Increased timely diagnosis and correct management and referral of FP, MCH, Malaria, Nutrition and GBV services

Strong decentralization of the health system in Burundi is an opportunity to strengthen operations at the provincial and district levels, including the district management teams, the health clinics (hospitals and health centers), and the community health committees. The Recipient should support the district and the province in improving the management of health facilities to increase availability and quality of services with increased use of clinical guidelines, strengthened referral systems, and effective supportive supervision at the clinic and community levels.

A.9.1.4 Illustrative Outcomes

Sub-IR 1.1 Availability of quality FP, MCH, Malaria, Nutrition and GBV services increased

- Comprehensive packages of malaria services provided at all health centers and hospitals in the Activity area
- Maternal and neonatal deaths decreased both at the clinique and community levels in the target areas
- Child morbidity and mortality decreased in the target areas
- Utilization of health centers for RMNCH services increased
- Quality basic and comprehensive emergency obstetric and newborn care competencies and services available at all levels of the healthcare system as appropriate
- iCCM services attached to all health centers in the Activity area fully functioning
- Positive client feedback on the quality of services
- Proportion of women attending ANC receiving three doses of preventive malaria treatment under observation increased
- Privacy, informed choice and a comprehensive range of contraceptive methods, including long acting methods, available at all health centers and hospitals
- Family planning counseling and services fully integrated into other non-health (e.g. schools) and health services offered in the facility and outreach services, including adolescent counseling, prenatal, postnatal, and well child care, and post-abortion care
- GBV victims accessing services at health facilities increased

Sub-IR 1.2 Health Center services (FP, MCH, Malaria, Nutrition and GBV) provided according to National and WHO guidelines

- Outreach clinics conducted as per national guidelines
- Adherence to malaria case management guidelines for diagnosis and treatment by providers increased
- RMNCH services provided according to National/WHO policies and guidelines
- GBV services available at selected health facilities according to guidelines
- IPTp for malaria provided at all health facilities according to national guidelines

Sub-IR 1.3 Increased timely diagnosis and correct management and referral of FP, MCH, Malaria, Nutrition and GBV services

- Diagnosis and treatment of children under five years of age with fever attended within 24 hours increased.

A.9.2 I.R. 2: Adoption of Positive Health Behaviors

The 'norms' and values of society influence the ability to adopt and maintain behaviors that contribute to health and well-being. The challenge for the Recipient will be to assist in altering these 'norms' and values to benefit the target populations. Influencing the context that determines barriers, regardless of age, sex, education, or wealth to adopt healthy behaviors, including accessing available services will be a priority for Tubiteho.

The Recipient will support improvement of the country's coordination for design, implementation, and evaluation of sound SBCC strategies to increase health seeking behaviors

A.9.2.1 Sub-IR 2.1 Demand for FP, MCH, Malaria, Nutrition and GBV services increased and *Sub-IR 2.2 Timely Health Seeking behavior for FP, MCH, Malaria, Nutrition and GBV services increased*

In order to increase demand and utilization of quality services, the Recipient should deliver social and behavior change interventions with high effective coverage rates. In order to be effective, the Recipient should deliver SBCC interventions that are evidence-based and well-grounded in a behavioral analysis that reflects a thorough understanding of the population's beliefs, perceptions, and practices in order to address individual and interpersonal factors; gender, social and cultural norms; and structural issues that promote or impede healthy behaviors and lifestyles for men and women.

The Recipient will increase outreach of social and behavior change interventions at the community level to create demand for health products and services and improved healthy behaviors. This includes nutritional education, using positive deviance approaches closely linked to the agriculture sector.

The Recipient should include in this sub IR interventions to address the behavior of health professionals to provide quality services in a manner that attracts clients, particularly the most vulnerable and women and caregivers.

A.9.2.2 Sub-IR 2.3 Gender norms changed to reduce for GBV and improve decision-making at household level

In order to achieve this sub IR the Recipient should strengthen social practices and norms to increase the decision-making power of women and girls through improved interpersonal communications, health talks and community dialogue.

A.9.2.3 Illustrative outcomes:

Sub-IR 2.1 Demand for FP, MCH, Malaria, Nutrition and GBV services increased

- Proportion of pregnant women and children under 5 years of age sleeping under an LLIN increased
- Full completion of treatment for simple malaria at household level increased
- Quality ANC attendance increased
- Proportion of women delivering in health facilities increased and sustained throughout the Activity period
- Family planning services and product uptake increase
- Capacity of government to design and implement effective SBCC programs increased
- Organizational and technical capacity of NGOs to design and implement SBCC activities increased
- Interpersonal communication capacity of healthcare provider as quality of care improvement package improved
- Adherence to treatments, health education and advice from health professionals increased
- Reporting by target audience of positive attitudes towards health services and health providers increased

Sub-IR 2.2 Timely Health Seeking behavior for FP, MCH, Malaria, Nutrition and GBV services increased

- Proportion of children under five years of age with fever brought for diagnosis and treatment within 24 hours of onset of fever

Sub-IR 2.3 Gender norms changed to reduce for GBV and improve decision-making at household level

- Individual and family behaviors, and socials norms and dynamics that impact early care seeking behaviors among children, women and girls improved

A.9.3 I.R. 3: Strengthened Health systems

Strong decentralization of the health system in Burundi is an opportunity to strengthen operations at the provincial and district levels, including the district management teams, the health facilities (hospitals and health centers), and the community health committees. The Recipient will support the district and the province in improving the management of health facilities to increase availability and quality of services with increased use of clinical guidelines and strengthened referral systems and provide effective supportive supervision at the clinic and community levels.

A.9.3.1 Sub-IR 3.1 Management systems (including M&E and Data Management) improved at health facility and community levels

To improve quality of care and systems in facilities, the availability of skilled staff is critical, along with the management, retention, and motivation of the staff. Other issues that contribute to the quality of care are availability of commodities, compliance to standards, and use of data for decision making. The Recipient will support the District Health teams to strengthen health facility leadership and management teams to improve the clinical governance. The Recipient should implement interventions to change the health facility culture and accountability, and develop/support tools to create an overall patient-focused, whole-team approach to quality improvement in a facilitative environment.

A.9.3.2 Sub-IR 3.2: Supportive supervision strengthened at community and health facility levels

Supportive supervision is the key to improve and maintain quality of care but requires full commitment of district teams and availability of appropriate tools and adequate planning. The Recipient will support Health Districts to plan, implement, monitor and evaluate innovative approaches and tools to improve supportive supervision both at the clinic and community levels to improve the quality of services, access to relevant information and build trust of the community in the healthcare system.

A.9.3.3 Sub-IR 3.3 Referral systems from community through health center to tertiary care improved

Throughout Burundi faith-based organizations play a major role in the provision of essential health services, including preventive services, working hand-in-hand with the Ministry of Health. However, the provision of a comprehensive range of modern family planning methods is not offered at all church administered health facilities. The Recipient will focus on strengthening systems that ensure the referral of women seeking family planning methods to health facilities that offer a full range of modern family planning commodities and advice.

Since 2010 the Performance-Based Financing reform has improved the referral system and linkages between the health centers and the district hospitals, through payments directly to health centers. The Recipient will build on the existing system to improve the referral system, for pregnant women and children in particular, to improve health outcomes, and improve their timely access to health services to address complications and preventable maternal and child mortality.

A.9.3.4 Sub-IR 3.4 Increased use of clinical guidelines at health facilities

Significant USAID funding and technical assistance has been provided to the Burundian MOH along with other key partners, including the United Nations organizations. The guidelines support the health workers in achieving a level of quality of care that is considered appropriate for provision of the health services. The Recipient will assist in ensuring that the available and approved guidelines are followed at all times by all health workers within its programmatic reach.

A.9.3.5 Illustrative Outcomes:

Sub-IR 3.1 Management systems (including M&E and Data Management) improved at health facility and community levels

- All facilities comply with hygiene, infection prevention environmental protection standards
- Health committees have capacity to provide regular monitoring of health activities and accountability metrics, and to appropriately use the funds at their disposal
- Data is collected routinely and used to inform decisions on health service delivery and management of health facilities

Sub-IR 3.2: Supportive supervision strengthened at community and health facility levels

- Quality supportive supervision is conducted according to national policy at all levels (clinical and community)

Sub-IR 3.3 Referral systems from community through health center to tertiary care improved

- The referral system between the community and health centers/hospitals is functional, which includes: timely alerting the referral point; ensuring the community has a system in place to provide transport; and obtaining feedback from the referral point to the initiating facility etc.

Sub-IR 3.4 Increased use of clinical guidelines at health facilities

- WHO and MOH clinical guidelines and algorithms are available and consistently followed by health providers for all patients in all health facilities

A.10. Monitoring, Evaluation and Learning (MEL)

Monitoring of results, evaluating performance and/or impact and learning from performance to adapt Activities are essential elements of USAID programming. The Recipient will develop a Monitoring, Evaluation and Learning (MEL) Plan that describes how the Recipient will monitor Activity implementation progress and assess its impact.

A.11. Authority

The authority for this NOFO is found in the Foreign Assistance Act of 1961, as amended. For US organizations, 2 CFR 200, 2 CFR 700 and USAID Standard Provisions for U.S. Non-Governmental Organization will be applicable. The applicable OMB circulars for U.S. applicants are available in the following links:

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

2 CFR 700:
https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr700_main_02.tpl

2 CFR 200 and 2 CFR 700 do not apply to non-U.S. organizations (except for the cost principles in Subpart E of 2 CFR 200). Instead, ADS-303 (https://www.usaid.gov/sites/default/files/documents/1868/303.pdf) and the USAID Standard Provisions for Non U.S. Nongovernmental recipients

(https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf) will apply to such organizations.

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

B.1. Anticipated Number of Awards and Estimate of Funds Available

USAID intends to award one (1) Cooperative Agreement pursuant to this NOFO. USAID reserves the right to fund any or none of the applications received.

USAID/Burundi intends to provide up to $23,492,164 in total USAID funding over a five year period. Funding for this Cooperative Agreement will be provided on an incremental basis subject to the availability of funds and successful performance. USAID reserves the right to change the funding amounts, cycle, and terms of the resulting Cooperative Agreement as a result of availability of funds and U.S. Government requirements. The Recipient will be notified in writing should such changes occur.

For budgeting purposes, the funding types and estimated amounts per year are as follows:

Funding Type	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
MCH	$1,863,282	$1,554,563	$1,674,170	$1,739,324	$1,660,825	$8,492,164
Malaria	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$5,000,000
FP	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$10,000,000
TOTAL	**$4,863,282**	**$4,554,563**	**$4,674,170**	**$4,739,324**	**$4,660,825**	**$23,492,164**

B.2. Anticipated Start Date and Period of Performance for Federal Award

The period of performance anticipated herein is five (5) years. The estimated start date will be on or about October 01, 2018 subject to availability of funds..

B.3. Nature of Relationship between USAID and the Recipient

The principal purpose of the relationship with the Recipient under the subject Activity is to transfer funds to accomplish a public purpose of support or stimulation of the Tubiteho Health Activity which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the Activity 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, Activity objectives, and the terms and conditions of the Federal award.

B.4. Substantial Involvement

USAID will be substantially involved during the performance of the Cooperative Agreement. This substantial involvement will be through the Agreement Officer (AO), except to the extent that the AO delegates authority to the Agreement Officer's Representative (AOR) in writing. The intended purpose of the AOR involvement during the implementation of the Activity is to assist the recipient in achieving the supported objectives. It is expected that the AO will delegate the following approvals to the AOR, except for changes to the Program Description or the approved budget. Such changes shall only be approved by the AO. Substantial involvement will be limited to:

B.4.1 Approval of Recipient's Implementation Plans

If at the time of award, the program description does not establish a timeline in sufficient detail for the planned achievement of milestones or outputs, USAID may delay approval of the recipient's implementation plan for a later date. USAID may not require approval of implementation plans more often than annually, The AOR will review and approve the Annual Implementation Plan including planned interventions for the current year and any subsequent years including revisions thereto.

B.4.2 Approval of Specified Key Personnel

USAID may designate as key personnel only those positions that are essential to the successful implementation of the recipient's Activity. USAID's policy limits this to a reasonable number of positions, generally no more than five positions or five percent of recipient employees working under the award, whichever is greater.

The following key personnel positions have been designated as essential to the successful implementation of this Activity - (1) Chief of Party, (2) Technical Director/Deputy Chief of Party, (3) Senior Malaria Advisor, (4) Director of Finance and Administration and (5) Senior Monitoring, Evaluation, and Learning (MEL) Advisor.

B.4.3 Agency and Recipient Collaboration or Joint Participation:

When the recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge, the AO may authorize the collaboration or joint participation of USAID and the recipient on the program. There should be sufficient reason for Agency involvement and the involvement should be specifically tailored to support identified elements in the program description. When these conditions are met, the AO may include appropriate levels of substantial involvement such as the following:

B.4.3.1 Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the recipient. USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.

B.4.3.2 Concurrence on the substantive provisions of sub-awards. 2 CFR 200.308 already requires the recipient to obtain the AO's prior approval for the subaward, transfer, or contracting

out of any work under an award. This is generally limited to approving work by a third party under the agreement.

B.4.3.3 Approval of the recipient's monitoring and evaluation plans.

B.4.3.4 Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects. All such activities must be included in the program description, negotiated in the budget, and made part of the award.

B.5. Title to Property

Title to property under the resultant agreement shall vest with the recipient in accordance with the requirements regarding use, accountability, and disposition of such property in 2 CFR 200.310 through 2 CFR 200.316 for U.S. NGOs or the USAID Mandatory Standard Provision for non-U.S. NGOs entitled "Title To And Use Of Property".

B.6. Authorized Geographic Code

For the award(s) resulting from this NOFO, the authorized geographic code for the *source* of USAID-financed commodities (other than "restricted commodities," as discussed below), and for the *nationality* of suppliers of USAID-financed commodities (other than restricted commodities) and services (other than ocean and air transportation and certain engineering and construction services) is Geographic Code **935**. Geographic Codes are described in 22 CFR 228.03 (https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=260c5b7cc4cf7639856f204d96e3515f&rgn=div5&view=text&node=22:1.0.2.22.25&idno=22) and the Internal Mandatory References to Chapter 310 of USAID's Automated Directives System (ADS 310) entitled "List of Developing Countries" (https://www.usaid.gov/ads/policy/300/310maa), "List of Advanced Developing Countries" (https://www.usaid.gov/ads/policy/300/310mab), and "List of Prohibited Source Countries" (https://www.usaid.gov/ads/policy/300/310mac**).**

"Restricted Commodities" are certain agricultural commodities, motor vehicles, pharmaceuticals, condoms and contraceptives, pesticides, used equipment, and fertilizer. Special rules apply to restricted commodities, and are described in ADS 312.3.3 (https://www.usaid.gov/sites/default/files/documents/1876/312.pdf).

Ocean and air transportation services will be subject to the requirements of the USAID standard provisions for U.S. NGOs and non-U.S. NGOs entitled "Ocean Shipment of Goods" and "Travel and International Air Transportation," respectively. Engineering and construction services are subject to 22 CFR 228.14 and 22 CFR 228.17, as well as USAID's policy entitled "USAID Implementation of Construction Activities" (https://www.usaid.gov/ads/policy/300/303maw).

B.7. Relevant Provisions

Standard provisions for US Nongovernmental Organizations or Non-US Governmental Organizations will be applicable to any final award.

The following provision is applicable to this notice of funding opportunity:

Protecting Life in Global Health Assistance (Formerly known as the Mexico City Policy)
On January 23, 2017, a Presidential Memorandum was issued reinstating the 2001 Presidential Memorandum on the Mexico City Policy for USAID family planning assistance and directing the Secretary of State to implement a plan to extend the requirements of the Mexico City Policy to "global health assistance furnished by all Departments or Agencies." USAID began implementing the policy, now known as the Protecting Life in Global Health Assistance Policy, on May 15, 2017 for grants and cooperative agreements that provide global health assistance. The policy requires foreign NGOs to agree, as a condition of receiving global health assistance, that they will not perform or actively promote abortion as a method of family planning and will not provide financial support to any other foreign NGO that conducts such activities. To implement the Protecting Life in Global Health Assistance Policy, USAID issued a new standard provision on May 15, 2017. This provision must be included in all new USAID awards that include global health assistance (see also Section H, Other Information).

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

C.1. Eligible Applicants

U.S. and non-U.S. non-profit Non-Governmental Organizations (NGOs), for-profit NGOs which are willing to forego profit, and colleges and universities are eligible to submit applications. Faith-based and community organizations that fit the criteria above are also eligible to apply. Eligibility for this NOFO is not restricted (see also Section D.3.7 "Funding Restrictions").

C.2. Fee/Profit

Note, it is USAID policy that no fee/profit is payable under the prime award or under any subawards made thereunder. However, fee/profit is payable by the prime recipient or a sub-recipient to a contractor/vendor if the recipient or sub-recipient is procuring goods or services in furtherance of the Activity being supported by the award or sub-award. Please refer to the following for additional information: https://www.usaid.gov/ads/policy/300/303sai.

C.3. New Implementing Partners

In support of the Agency's interest in fostering a larger assistance base and expanding the number and sustainability of development partners, USAID/Burundi encourages applications from potential new implementing partners. However, resultant awards to these organizations may be significantly delayed if USAID must undertake necessary pre-award reviews of these organizations to determine their "risk assessment" (see Section E.3. below). These organizations should take this into account and plan their implementation dates and interventions accordingly. Non-U.S. Organization Pre-award Survey Guidelines and Support is available at the following link: http://www.usaid.gov/sites/default/files/documents/1868/303sam.pdf.

C.4. Cost-Sharing Requirement

USAID has established a required cost share of five percent (5%) of the total estimated USAID amount for this Activity. Applications that do not meet the minimum cost share requirement are not eligible for award consideration. Cost-share means that portion of Activity costs not borne by the U.S. Government. Cost-share includes cash and in-kind (this includes things such as volunteer time; valuation of donated supplies, equipment, and other property; and use of unrecovered indirect costs contributions), and is subject to 2 CFR 200.306 for U.S. organizations and the Standard Provision entitled "Cost Share" for non-U.S. organizations which, *inter alia*, requires that cost-sharing be verifiable from the Recipient's records. Cost-share is normally associated with contributions from the same prime and sub-recipient sources that also receive USAID funds under an award. Failure to meet a cost-sharing requirement can result in reducing the amount of USAID funding for the following funding period, require the recipient to refund the difference to USAID when this award expires or is terminated, or reduce the amount of cost share required under the award.

C.5. Other

C.5.1 Exclusivity

In order to maximize the number of competitive applications, exclusivity agreements between the prime applicant and proposed sub-awards are **not** required. Sub-awardees must be allowed to be listed on multiple applications by multiple applicants as they choose. Exclusivity agreements between the prime applicant and proposed key personnel are also not required.

C.5.2 Number of Applications

Applicants may submit only one application under this NOFO. Additional applications will not be reviewed. If correction of a submitted application is required prior to the application deadline, please utilize the Agency Point of Contact.

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

D.1. General Conditions and Instructions

D.1.1 Agency Points of Contact

Peggy L. Manthe
Agreement Officer
U.S Agency for International Development
USAID/Rwanda, 2657 Avenue de la Gendarmerie
Kacyiru, Kigali
E-mail Address: pmanthe@usaid.gov

Godfrey Kyagaba
Senior Acquisition & Assistance Specialist
U.S Agency for International Development
50, Avenue des Etats Unis,
Bujumbura, Burundi
E-mail Address: gkyagaba@usaid.gov

D.1.2 Questions and Answers

All questions related to this NOFO must be in writing and submitted to the Points of Contact listed in D.1.1 above by e-mail: pmanthe@usaid.gov with a copy to gkyagaba@usaid.gov and received no later than the due date and time specified on the cover letter, as amended, of this NOFO. Following this date, questions received by the deadline (without attribution to the organization) and answers will be posted as an amendment to the NOFO if the information is necessary in submitting applications or if the lack of such information would be prejudicial to any other prospective applicant. Unless otherwise notified by an amendment to the NOFO, no questions will be accepted after the due date. Applicants must **not** submit questions to any other USAID staff except those identified in D.1.1. above.

D.1.3 Submission of Electronic Applications and General Content

Applications **must** be submitted by email to Peggy Manthe at pmanthe@usaid.gov with a copy to Godfrey Kyagaba at gkyagaba@usaid.gov. All application files submitted must be compatible with Microsoft (MS) Office in a MS Windows environment and/or Adobe Acrobat (.pdf). It is preferable that the various parts of the technical application be consolidated into a single document before sending, if possible. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear. Applicants may submit *.zip files format. Each email with attachments must not exceed 10MBs. The subject of each e-mail must read as follows: (a) 72069518RFA00002; "TUBITEHO;" abbreviated organization name of applicant; technical or cost/business application, email X of X.

D.1.4 Preparation of Applications

Each Applicant must furnish the information required by this NOFO. Applications must be submitted in two separate parts: the Technical Application and the Cost/Business Application. This subsection addresses general content requirements applying to the whole application. Please see subsections D.2 and D.3, below, for information on the content specific to the Technical and Cost/Business application. The Technical Application must address technical

aspects only while the Cost/Business Application must present the budget, budget narrative and address risk and other related issues.

D.1.4.1 Cover Page
Both the technical and cost/business application must include a cover page which will only serve as a transmittal letter to the Agreement Officer containing the following information:

i. Name of the organization(s) submitting the application;
ii. Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
iii. Activity name
iv. Notice of Funding Opportunity number
v. Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303.3.6.5[b][2]

D.1.4.2 Non-disclosure
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 purposes, should mark the title page with the following legend:

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

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."

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

D.1.4.3 Formatting
Applications must comply with the following:

- USAID will not provide to the selection committee for review any pages in excess of the page limits noted in subsequent sections of this NOFO. Thus, please ensure that applications comply with the page limits.
- Written in English and in U.S. dollars
- Use standard 8 ½" x 11" or A4 paper, single sided, single-spaced, 12 point Times New Roman font, 1" margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and Applicant's name.
- 10 point font can be used for graphs and charts. Tables however, must comply with the 12 point Times New Roman requirement.
- The technical application must be submitted in a searchable and editable Word and PDF format.
- The cost/business application must include an excel spreadsheet with all cells unlocked, no hidden formulas or sheets and not password protected. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the Applicant's discretion, however, the official cost/business application submission is the unlocked Excel version.
- The estimated start date identified in Section B of this NOFO must be used in the budget of the cost/business application as Year 1.

D.1.5 General Application Submission Instructions

Applicants must review, understand and comply with all aspects of this NOFO. Failure to do so may be considered as being non-responsive and may be evaluated accordingly. Applicants should retain for their records one (1) copy of the application and all enclosures which accompany it.

D.1.5.2 Closing Date and Time

Applications in response to this NOFO must be received no later than the closing date and time indicated on the cover letter unless the NOFO is amended to extend the deadline. All applications received by the submission deadline will be reviewed for responsiveness to the NOFO. It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time. Applicants must contact pmanthe@usaid.gov with a copy to Godfrey Kyagaba at gkyagaba@usaid.gov if experiencing technical difficulty with the submission of the application.

D.1.5.3 Modifications

Applicants may submit modifications to their applications at any time before the NOFO closing date and time. No modifications to the application will be accepted after the submission deadline.

D.1.5.4 Late or Incomplete Submissions

Any application received at the office designated in the cover letter of this NOFO after the exact date and time specified for receipt of applications will not be considered unless (a) there is acceptable evidence to establish that it was received at the USAID Mission and was under USAID's control prior to the time set for applications, and the Agreement Officer determines the late application would not cause an undue delay; or (b) it is in the interest of USAID. For this NOFO, the initial point of entry to the government infrastructure is the USAID mail server. Acceptable evidence to establish the time of receipt at the USAID Mission includes system

generated documentation of delivery receipt date and time or confirmation from the receiving office. Applicants must retain proof of timely delivery. The AO will notify applicants in writing of late or incomplete applications.

D.1.5.5 Withdrawal of Applications

Applications may be withdrawn by written notice received by the AO at any time before award. Applications may be withdrawn in person by an applicant or an authorized representative, if the representative's identity is made known and the representative signs a receipt for the application before award. Withdrawals are effective upon receipt of notice by the AO.

D.2. Technical Application Instructions

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

The technical application must not exceed 30 pages. Footnotes, graphs, charts and tables will be included in the 30 page limit. Scanned PDF documents may be used for information requiring signatures and copies of documents of general content requirements applying to the whole application

All technical applications should include the sections and content below, addressing the specifics of the Activity for which the application is submitted:

The sections for the technical application are as follows:

1. Cover Page*; (not to exceed one (1) page; not included in the 30 page limit)*
2. Table of Contents*; (not to exceed two (2) pages; not included in the 30 page limit)*
3. List of Acronyms (*optional); (not included in the 30 page limit)*
4. Executive Summary*;(not to exceed two (2) pages; not included in the 30 page limit*)
5. Technical Application *(not to exceed a total of **30** pages)*
   a. Technical Approach
   b. Management Approach and Key Personnel
   c. Monitoring, Evaluation and Learning
6. Required Annexes *(will not count toward the technical application page limit; not to exceed a total of 50 pages)*
   Annex 1: Draft Year One Annual Implementation Plan *(not to exceed 10 (ten) pages)*
   Annex 2: Draft Year One Monitoring, Evaluation and Learning (MEL) Plan (*not to exceed 10 (ten) pages)*
   Annex 3: Resumes of proposed Key Personnel including up to 3 references each
   Annex 4: Key Personnel Letters of Commitment (Non-exclusive)
   Annex 5: Management and Staffing Plan including Organizational Chart
   Annex 6: Letters of Commitment from all proposed partners and sub-awardees (Non-exclusive)

1. Cover Page: The cover page of the technical application must include:

- Activity Title

- Date of Submission
- Request for Application Reference No.
- Name of the applicant applying for the award, name, signature and contact information for the primary point of contact. State whether the contact person is the individual authorized to legally bind the applicant, if not, provide the name and title of that person;
- If any partner organizations are included in the application, they must be listed separately, and indicated as subordinate to the prime applicant. A summary table must be included that lists the prime applicant and all partner organizations (which could include sub-awardees as well as members of a formal joint venture or consortium) as well as the percentage of overall Activity interventions that each partner will contribute; and
- DUNS number for primary applicant.

2. Table of Contents: include major sections and page numbering to easily cross-reference and identify merit review criteria.

3. List of Acronyms (optional)

4. Executive Summary: The executive summary must summarize the key elements of the applicant's technical application, including but not limited to, the technical approach, the draft Year One implementation plan, the management approach and key personnel and cost-sharing and/or public-private partnership, if applicable.

5. Technical Application: The technical application may not exceed thirty (30) pages, excluding cover page, executive summary, acronym page (if any), table of contents, and annexes. Unless otherwise indicated, a page in the technical application which contains a table, chart, graph, etc. will count as a page within the page limit. Annexes are limited to a total of fifty (50) pages. Information which exceeds the page limitations will not be furnished to the USAID selection committee.

Applicants are expected to use their relevant expertise and capacities to address the development challenges described in the Program Description (See Section A.3) of this NOFO. Applicants must describe the proposed interventions and how they will effectively address existing development challenges. The technical approach must address specifically rot causes of maternal, infant and child morbidity and mortality in Burundi.

The technical application will be the critical item of consideration in selection of an applicant for an award. The information provided in the technical application must be specific, complete, and presented concisely. The technical application must demonstrate how it contributes to achieving Tubiteho goals and objectives, including specific results anticipated, and must demonstrate the applicant's capabilities and expertise with respect to successfully implementing, managing, and monitoring the proposed Activity.

The merit review criteria set forth in Section E (Application Review Information) of the NOFO indicates the relative order of importance of the evaluation criteria, so that applicants will know which areas require emphasis in the preparation of the technical application. Applicants are

advised that lack of completeness or superficiality of the application may constitute grounds for excluding it from consideration.

a. Technical Approach (Merit Review Criterion 1)

This section must describe in detail the proposed technical strategy and approach and comprehensively address how the applicant will achieve the objectives expected results, and guiding principles outlined in the Program Description over the 5-year life of the Activity. Applicants must provide a comprehensive yet concise summary of the proposed overall strategic and technical approach. This section must also set forth in sufficient detail the conceptual approach, methodology, and techniques for the implementation and evaluation of program interventions and should demonstrate responsiveness to the Burundian context with regard to the health system, reproductive, maternal, neonatal, and children's health (RMNCH) and malaria in the country.

Annex 1: Draft Annual Implementation plan
As part of the technical application, the draft Year One implementation plan should clearly outline links between the proposed results, conceptual approach, performance milestones, and a realistic timeline for achieving the Activity results. This section must include benchmarks to track the progress of the capacity building interventions throughout the life of the Activity.

This section should also include a narrative which explains how the Applicant will coordinate and integrate with other USAID and non-USAID partners implementing similar activities in the country and/or working in the same geographic area to leverage their efforts and ensure collaboration and complementarity and avoid duplication of efforts.

The draft implementation plan should include a description of all planned interventions with sufficient detail including:

- Sequence of interventions;
- Timeframes for implementing each intervention;
- Outcome of each intervention;
- Impact on gender equality;
- Sustainability plan; and
- Environmental impact and mitigation measures (if any)

Using a tabular format, summarize main interventions, objectives, indicators, and measurement methods. Succinctly explain how a particular set of interventions will achieve a specific objective and how these results will be measured. Each table should contain the following:

- Main results-oriented objectives that the Activity will accomplish;
- Primary interventions intended to achieve results for each stated objective;
- Examples of key indicators that will measure the results of each objective, including those suggested as part of the Program Description; and
- Methods that will be used to measure key indicators.

If the applicant determines that a lengthy chart or other supporting documentation is helpful, this supporting documentation may be included in the Annex 1 within the ten page limitation.

b. Management Approach and Key Personnel (Merit Review Criterion 2)

Applicants should demonstrate capacity in management, planning, and implementation of proposed interventions and provide a clear description of how the Activity will be managed, including the approach to address potential problems.

Management Plan: The management plan must:

- Describe how the Activity would be organized to use the complementary capabilities of all sub-recipients and/or partners most effectively and efficiently;
- Include the roles and responsibilities of each sub-grantee and/or partner;
- Include lines of authority and communication among the prime and all proposed sub-recipients and/or partners in order to maximize efficiency and best utilize technical expertise/strengths of each partner;
- Specify the composition and organizational structure of the entire Activity team (including sub-partners) and describe the role of each staff member named under key personnel as well as technical expertise and estimated amount of time he or she will devote to the Activity.

Staffing Plan and Qualifications of Key Personnel
Applicants are expected to develop a comprehensive staffing plan to accomplish the objectives and expected results and outcomes of Tubiteho. The plan should also demonstrate an appropriate balance of skills, expertise, and efficiency. CVs for all key personnel and any additional information for other proposed technical and management personnel are to be included in Annex 3 In addition, applicants should specify the qualifications and abilities of proposed technical and management personnel relevant to successful implementation of the proposed technical approach.

Professional proficiency in English is required for all key personnel. The following guidance for each of the key personnel positions is set forth below. The main requirement is that key personnel, taken as a whole, and considering the overall management structure, have the skills to effectively and successfully implement the Activity. The skills of the Chief of Party (COP) and other key personnel must complement each other. The key personnel should have demonstrated interpersonal skills with the ability to establish and sustain professional relationships with host country government counterparts. A list of key personnel positions and minimum qualification is shown below. Applicants shall choose a staffing structure and determine the additional qualifications of key staff based on their proposed technical and management approach.

Chief of Party
The Chief of Party (COP) is the primary liaison with USAID on technical matters and must adjust interventions and operations in response to USAID technical direction. S/he is the resident technical and management lead responsible for responding to the designated AOR. The COP is responsible for ensuring quality control and the overall responsiveness of technical assistance provided under the award. The COP's primary responsibilities are aimed at providing overall leadership, day to day management, and general technical direction of the entire Activity,

ensuring an integrated vision among different components of the Activity, and a focus on achieving the results defined in the award. This individual is expected to identify issues and risks related to Activity implementation in a timely manner, and suggest appropriate adjustments.

Desired, highly desired and required qualifications:

- An advanced degree (master's or higher) in Business Administration, International Development, Public Health or another relevant field. (highly desired)
- A minimum of 10 years professional experience in developing countries at a senior Activity management level, including direct supervision of professional and management support staff. Prior experience as a Chief of Party with USG-funded activities of comparable scale and complexity (highly desired)
- Demonstrated experience in working effectively with national and sub-national governments and civil society organizations in developing contexts, and in managing complex activities involving coordination with multiple partner institutions. (highly desired)
- Experience in delivering all or some of the substantive activities related to R/MNCH and Malaria anticipated to be the focus of the Activity (highly desired)
- Experience in designing, awarding and managing grants. (desired)
- Proven knowledge and experience managing USAID programs, procedures and systems for Activity design, procurement, implementation, management, monitoring and evaluation (highly desired)
- Proven exceptional leadership in the design, management, implementation, and monitoring and evaluation of donor-supported programs of comparable size and complexity, with demonstrable skills in high level strategic visioning and leadership. (highly desired)
- S/he must have the proven ability to develop and communicate a common vision among diverse partners and the ability to lead multidisciplinary teams. (highly desired)
- Previous experience working in challenging operating environments and/or countries of similar socio-economic context managing activities of similar scope and complexity (and especially those having addressed aspects of R/MNCH and malaria service delivery). (highly desired)
- Written and oral proficiency in English and French. **(required)**
- Kirundi language skills a plus (desired)

Technical Director/Deputy Chief of Party:

- The Technical Director/Deputy Chief of Party is responsible for various technical components of the Activity, including technical and clinical aspects of R/MNCH and malaria service delivery. S/he must ensure timely delivery of required objectives and high-quality deliverables. The Technical Director participates in technical meetings, understands national guidelines, and supports onsite training, tutoring, supervision, and mentorship to ensure accurate referral, provision and documentation of service provision and clinical outcomes.

Desired, highly desired and required qualifications:

- A Master's degree in health management or relevant field with a minimum of 8 years of implementing partner or donor experience; a medical degree is preferred but not required. A Bachelor's degree in health management, administration, or a relevant field with a minimum of 15 years of health Activity management experience will also be considered. (highly desired)
- Demonstrated ability to collaborate and coordinate with a range of stakeholders in the context of complex and shifting priorities. (desired)
- At least 7 years of direct supervisory experience of management and technical staff. (highly desired)
- At least 8 years of experience working closely with community and facility based health care providers to improve approaches for quality care and implement creative interventions to improve health outcomes, preferably related to R/MNCH and malaria (highly desired)
- Strong implementation track record and demonstrated experience in the management, design, implementation, and monitoring of health programs (highly desired)
- Experience in health Activity management and reporting using data management programs, experience using health data for decision-making. (highly desired)
- Possesses excellent communication and coordination skills. (highly desired)
- Proven knowledge and experience with USAID programs, procedures and systems for Activity design, procurement, implementation, management, monitoring and evaluation (highly desired)
- Previous experience working in challenging operating environments and/or countries of similar socio-economic context managing activities of similar scope and complexity (and especially those having addressed aspects of R/MNCH and malaria service delivery). (highly desired)
- Written and oral proficiency in English and French. **(required)**
- Kirundi language skills a plus (desired)

Senior Malaria Advisor
The Senior Malaria Advisor will assist the Technical Director in carrying out the technical oversight and management functions of the Activity. S/he will ensure that Activity interventions are of high quality, adhere to USG malaria technical guidance and global best practices, and will also be responsible for guiding the design of specific, quantifiable performance indicators and targets and reporting results.

Desired, highly desired and required qualifications:

- Master's degree or higher in public health, medical sciences, or other related area **(required)**
- Eight years of experience in designing, implementing and managing malaria programs in Burundi or in a similar African context. A sound technical knowledge of malaria control; specific experience in case management and/or malaria in pregnancy a plus (highly desired)
- Proven knowledge and experience with USG programs, procedures and systems for Activity design, procurement, implementation, management, monitoring and evaluation (highly desired)

- Experience in collaborating with different stakeholders including the NMCP, the Ministry of Health, district management teams, donors and other NGOs supporting malaria prevention and control activities is required (highly desired)
- Previous experience working in challenging operating environments and/or countries of similar socio-economic context managing activities of similar scope and complexity (and especially those having addressed aspects of R/MNCH and malaria service delivery). (highly desired)
- Written and oral proficiency in English and French. **(required)**
- Kirundi language skills a plus (desired)

Director of Finance/Administration
The Director of Finance and Administration is responsible for all aspects of financial management and monitoring, operations, HR and other Administrative functions of the Activity. S/He must familiarize with USAID policies and regulations regarding financial monitoring and reporting, audits, procurement and other controls.

Desired, highly desired and required qualifications:

- Master's Degree in Business or Public Administration with a focus on accounting or finance. USAID will consider a Bachelor's degree in finance, business or public administration with a minimum of 10 years of demonstrated experience in financial management for large donor-funded health projects. (highly desired)
- 8-10 years of experience managing finances for large NGO programs in Burundi or in a country of similar context (highly desired)
- 8-10 years of experience managing operations for USAID or other donor-funded Activity of similar size and scope, including all HR and administrative functions and with at least 5 years of direct supervisory experience. (Highly desired)
- Demonstrated experience in Activity financial management, including financial controls and audit, as well as reporting on accruals, pipeline, and expense validation and reimbursement to service providers and sub-recipients. (Highly desired)
- Knowledge of USG assistance and policies/procedures, and understanding of USAID financial monitoring and reporting, auditing and controls. (desired)
- Experience in establishing administrative management procedures and standards in relation to human resources, procurement, information system technologies and relationship (with vendors) management (highly desired)
- Previous experience working in challenging operating environments and/or countries of similar socio-economic context managing activities of similar scope and complexity. (highly desired)
- Written and oral proficiency in English and French. (required)
- Kirundi language skills a plus (desired)

Senior Monitoring, Evaluation, and Learning (MEL) Advisor
The Senior Monitoring, Evaluation, and Learning (MEL) Advisor ensures monitoring of Activity interventions and tracking of Activity progress against expected results and performance indicators. S/he ensures timely and accurate reporting by all clinical and community sites and produces reports for both Activity management and required reporting purposes. S/he is responsible for all evaluation and learning activities conducted as part of the Activity.

Desired, highly desired and required qualifications:

- A Master's degree in public health, statistics, economics or a related field (highly desirable)
- At least 7 years' experience in designing and implementing monitoring, evaluation and learning systems for international donor-funded projects; knowledge of USG system of indicators, results, and reporting preferable. (highly desired)
- Demonstrated success in leading a monitoring and evaluation portfolio, including coordinating data collection activities of multiple staff. (desired)
- Demonstrated success in data management and analysis, monitoring, evaluation, and learning (MEL), disease surveillance, mapping, and/or assessment. (desired)
- Experience in designing survey and research tools, data collection, statistical analysis, qualitative research, and dissemination of results. (highly desired)
- Demonstrated success providing technical leadership on data collection and use to national (government and/or non-government) stakeholders. (desired)
- Possess an advanced understanding of national M&E systems, including the components of an M&E system and how capacity can be built to sustain M&E systems. (highly desired)
- Demonstrated ability to successfully communicate technical/data-related information to partners, colleagues and stakeholders. (highly desired)
- Experience using statistical software package, knowledge management software or database. Strong knowledge of Microsoft Office Suite, Excel in particular. (highly desirable)
- Previous experience working in challenging operating environments and/or countries of similar socio-economic context managing activities of similar scope and complexity (and especially those having addressed aspects of RMNCH and malaria service delivery). (highly desired)
- Written and oral proficiency in English and French **(required)**
- Kirundi language skills a plus (desired)

Other Non-Key Personnel

The Applicant has the discretion to determine the proper number and mix of additional personnel, personnel from local organizations, short-term technical staff, and others to meet Activity requirements, to be described in the Technical Application. If the Applicant proposes technical leads for particular areas, USAID strongly encourages that Burundian (i.e., locally non-overseas) hired technical leads be considered and proposed for all positions. Familiarity with the political, social, economic, and cultural context of working in Burundi is highly desired.

c. Monitoring, Evaluation and Learning Plan (Merit Review Criterion 3)

The applicant must describe how they would develop a robust and cost-effective monitoring, evaluation and learning system that will deliver a reliable evidenced based output. A detailed strategic framework for evaluating performance toward achieving each of the technical objectives should be provided, including expected quantifiable Activity results, benchmarks and indicators to monitor progress and impact over the life of the Activity. The system should link the Activity interventions with national and Activity area impact. It will be used throughout the

Activity as a decision making instrument to assist the country to determine the effectiveness and quality of all the interventions, and determine which ones are worthy of scale-up or further implementation.

The monitoring, evaluation and learning system must be supported by an effective data quality assurance strategy. The Applicant should therefore identify how it would develop a system with the government and other partners to ensure the quality of the data used for the Activity in the most efficient and effective manner. The Applicant should also describe how it will prepare for and address the mandate to collaborate within the context of the monitoring, evaluation and learning plan. The description should include the following components:

- A list of the types of baseline data that must be collected to demonstrate impact of the Activity;
- The process by which the indicators will be developed and how monitoring processes and results will be used to inform Activity management decisions;
- The ways in which impact will be evaluated at the end of the Activity including how impact may or may not be attributed to the Activity;
- The measurement and data management methods used to collect and analyze indicator data (data sources, frequency of data collection, and methods for collecting and reporting data);
- A plan for collecting, desegregating and responding to the concerns of the Activity beneficiaries/constituents and other stakeholders (including the collection and use of sex-disaggregated data, gender-sensitive indicators and geographic area - urban vs rural etc...);
- A plan for routine data and information use for decision making that feed back into Activity strengthening and supports evidence based policy formulation;
- Preparations for supporting special studies and independent evaluations conducted by independent service providers appointed by USAID.

The applicant's MEL plan must include the indicators listed in Annex C. The applicant may propose additional, alternative, or other indicators that will best capture the Activity's performance and indicators that will help track the shift in performance from output to outcome oriented.

The proposed MEL Plan must provide the necessary monitoring and reporting to demonstrate success for potential translation of local experience to the provincial and national health system.

D.3. Cost/Business Application Instructions

The cost/business application must be submitted separately from the Technical Application. While no page limit exists, Applicants are encouraged to be as concise as possible while still providing the necessary level of detail. The cost/business application must illustrate the entire period of performance, using the budget categories in Section D.3.3 below.

The cost/business application must contain the following sections (which are further elaborated below this listing with a description for each requirement):

1. Cover Page

2. SF 424 Forms
3. Budget and Budget Narrative
4. Prior Approvals in accordance with 2 CFR 200.407
5. Duns and Bradstreet and SAM Registration
6. Funding Restrictions
7. History of Performance
8. Certifications, Assurances and Other Statements of the Recipient (applicant only)
9. Recipient Certification of Compliance, if applicable

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

D.3.1 Cover Page (See Section D.2 above)

D.3.2 SF 424 Form(s)
The Applicant must sign and submit the cost/business application using the SF-424 series. Standard Forms can be accessed electronically at www.grants.gov or using the following links:

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

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

D.3.3 Detailed Budget and Budget Narrative
The SF 424A should be supplemented by additional cost breakdowns/details which provide a summary line item budget, and complete cost breakdowns in sufficient detail to permit cost analysis. The detailed budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by fiscal year, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make award, and may result in a rejection of the cost/business application. The

detailed budget must set forth the basis for all proposed costs including those which are proposed to be funded by USAID under the award(s) resulting from this NOFO and those to be funded by non-USG cost-sharing contributions (cash or in-kind) to be provided by the applicant, the applicant's sub-recipients, or third parties. The budget shall contain a separate column for each source of funds/contributions. It shall include supporting schedules and budget narrative explanations as may be necessary to adequately support and/or explain proposed costs. It is recognized that it may be difficult for the applicant to project actual needs and costs. Accordingly, estimates, based on assumptions, are acceptable. However, the applicant must indicate the basis of the estimate, and/or the assumptions on which the estimate is based. This information is required in order to permit USAID to determine whether estimated costs are fair and reasonable, necessary, allowable in accordance with the cost principles found in 2 CFR 200 Subpart E, allocable, and realistic, which, in turn, are a prerequisite for making an award. The applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking.

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

i. Summary Budget, inclusive of all Activity costs (federal and non-federal), broken out by major budget category and by fiscal year for interventions to be implemented by the Recipient and any potential sub-recipients for the entire period of the program. See Annex D for Budget Template
ii. Detailed Budget, including a breakdown by fiscal year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the applicant's program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
iii. Detailed Budgets for each sub-recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

The detailed budget breakdown must provide the information described below. The detailed budget breakdown shall follow the budget format, including the major budget line items, set forth below, and shall be broken-down by fiscal year. The application shall include a subtotal for each budget line item. Each page shall indicate the applicable year and the applicant's name clearly marked at the top of each page

1) **Personnel** – Direct salaries and wages must be proposed in accordance with the applicant's personnel policies and must include position title, salary rate, level of effort, and salary escalation factors. If the organization has standing policies across all projects for annual salary escalations that exceed current inflation rates, those policies and the effective date of those policies must be provided with the application. The Applicant must also confirm that the policy applies to all staff across all projects.

2) **Fringe Benefits** – (if applicable) If the Applicant has a fringe benefit rate approved by an agency of the U.S. Government, the Applicant must use such rate and provide evidence of its approval. If an Applicant does not have a fringe benefit rate approved, the Applicant must propose a rate and explain how the Applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of

fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

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

4) **Overseas Allowances -** Overseas allowances (excluding per diem and shipping/storage allowances, which shall be budgeted under "Travel, Transportation, and Per Diem," above) shall be in accordance with the applicant's established policies and practices which are consistently applied. Allowances, when proposed, should be broken down by specific type and by person and explained in the budget narrative. .The Standardized Regulations (Government Civilians, Foreign Areas) shall be used as a test of reasonableness for overseas allowances if the applicant does not have established policies and practices.

5) **Nonexpendable Equipment & Supplies (broken out separately)** – must include information on estimated types of equipment, models, supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and supplies and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.

6) **Contractual** – The applicant's budget shall include a lump-sum for each sub-award and contract, and identify the purpose of the sub-award/contract and the sub-award recipient or contractor, if known. The lump-sum(s) must be consistent with the detailed sub-award/contractor budgets described in the NOTE below. The cost application must indicate whether the instrument will be a contract or sub-award, as the terms are defined in 2 CFR 200.122 and 2 CFR 200.92 (for U.S. NGOs) or the USAID standard provisions for non-U.S. NGOs "Procurement Policies" and "Sub-Awards." Contracts awarded by U.S. NGOs are subject to 2 CFR 200.317-326 and the USAID standard provision entitled "USAID Eligibility Rules for Goods and Services." Contracts awarded by non-U.S. NGOs are subject to the USAID standard provisions for non-U.S. NGOs entitled "Procurement Policies" and "USAID Eligibility Rules for Procurement of Commodities and Services."

NOTE: Following the applicant's detailed budget breakdown, detailed budget breakdowns for each sub-award and contract shall be presented. Sub-award/contract budgets shall not be intermingled. The first page shall be a summary budget, following the same budget format and line items as are set forth above, for the full term of the sub-award/contract. Following the summary budget, a detailed budget breakdown for each

year shall be presented in accordance with the instructions provided above for the applicant.

7) **Consultants -** The budget must specify the position, title(s), name(s) of proposed individual(s), to fill the position(s), if known, number of units (days, months, FTEs) for each position, proposed unit rate(s) for each position, and the total consultant costs. The level of effort and position titles must be consistent with the technical application.

8) **Construction** – Not applicable

9) **Other Direct Costs** – This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and vaccinations, as well as any other miscellaneous costs, including those associated with branding and marking USAID programs, such as magnets, plaques, stickers, banners, press events, materials, and so forth, which directly benefit the Activity proposed by the applicant. The applicant should indicate the subject, venue and duration of any proposed conferences and seminars, and their relationship to the objectives of the Activity, along with estimates of costs. Otherwise, the narrative should be minimal.

10) **Indirect Costs** – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. The application must identify which approach they are requesting and provide the applicable supporting information:

Method	**Eligibility**	**Initial application requirements**
Direct Charge Only	Any applicant	See above on direct costs
Existing Negotiated Indirect Cost Rate Agreement (NICRA)	Any applicant with an approved NICRA	Submit your approved NICRA and the associated disclosed practices.
De minimis rate of 10% of modified total direct costs (MTDC)	Any applicant that has never received a NICRA; the applicant may choose to charge a de minimis rate of 10% of modified total direct costs (see 2 CFR 200.414(f)). If the prospective applicant chooses the de minimis rate, the 10% indirect cost rate will be incorporated in the award budget and the recipient must follow the requirements in 2 CFR 200.414(f).	Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate a rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly.

Indirect Costs Charged As A Fixed Amount	Certain U.S. educational institutions & non U.S. non-profit organizations may request, but approval is at the discretion of the AO	Provide the proposed fixed amount and a worksheet that includes the following (For Education institutions, see 2 CFR 200 App III): ● Total costs incurred by the organization for previous fiscal year and estimates for the current year ● Indirect costs (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year ● Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.
No current NICRA, but applicant has an indirect rate other than the de minimis	Any applicant may request but approval is at the discretion of the Agency	A NICRA may be negotiated after award at the discretion of the Agency. Provisional rates may be set forth in the award subject to audit and finalization. The applicant must identify the indirect cost rate and base it is proposing. See USAID's Indirect Cost Rate Guide for Non Profit Organizations for further guidance.

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

NOTE: If the Applicant has established a consortium or another legal relationship among its partners, the cost/business application must include a copy of the legal relationship between the parties. The agreement should include a full discussion of the relationship between the Applicant and Sub-Applicant(s) including identification of the Applicant with whom USAID will work with for purposes of Agreement administration, identity of the Applicant which will have accounting responsibility, how Agreement effort will be allocated and the express agreement of the principals thereto to be held jointly and severely liable for the acts or omissions of the other.

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

D.3.4 Prior Approvals in accordance with 2 CFR 200.407 and Waivers

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

In addition, if the applicant foresees the need for waivers from, or approvals required under, USAID's source and supplier nationality requirements the application should describe which goods and services need approval/waivers, and provide an explanation and justification for the same.

D.3.5 Dun and Bradstreet and SAM Requirements

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

1. Provide a valid DUNS number for the Applicant **and** all proposed sub-recipients;
2. Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient (http://www.sam.gov).
3. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

The registration process may take many weeks to complete. Therefore, Applicants ar encouraged to register early to be eligible to apply for this Funding Opportunity.

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

D.3.6 History of Performance

Prior to award, the apparently successful applicant will be requested to provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs during the past three years, as follows:

- Name of the Awarding Organization;

- Award Number;
- Activity Title;
- A brief description of the activity;
- Period of Performance;
- Award Amount;
- Copies of audited financial statements for the last three years, which a Certified Public Accountant or other auditor satisfactory to USAID has performed;
- Projected budget, cash flow, and organization charts; and
- Copies of applicable policies and procedures (*e.g.*, accounting, purchasing, property Management, personnel, travel) and
- Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

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

D.3.7 Funding Restrictions

D.3.7.1 Profit
Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.330 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

D.3.7.2 Construction
Construction is not authorized under the resultant award.

D.3.7.3 Pre-award costs
USAID will not reimburse any applicant for pre-award costs unless specifically authorized by the Agreement Officer, who may, at his/her sole discretion, authorize the selected applicant(s), at its own risk, to begin Activity implementation and the incurrence of costs prior to a signed cooperative agreement as of a specified date, with no commitment to reimburse costs in the event that the cooperative agreement was not subsequently awarded.

D.3.7.4 Geographic Code
Except as may be specifically approved in advance by the Agreement Officer, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

D.3.8 Required Certifications and Assurances and Other Statements of the Recipient and Solicitation Standard Provisions

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

Annex 8: "Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provisions" document found at:
http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

which includes:

1. Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs (This assurance applies to Non-U.S. organizations, if any part of the program will be undertaken in the U.S.);
2. Certification Regarding Lobbying (22 CFR 227);
3. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206, Prohibition of Assistance to Drug Traffickers);
4. Certification Regarding Terrorist Financing;
5. Certification Regarding Trafficking in Persons; and
6. Certification of Recipient

Other certifications and statements found in ADS 303 mav, Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provisions:

1. A signed copy of Key Individual Certification Narcotics Offenses and Drug Trafficking, (ADS 206.3.10) when applicable;
2. A signed copy of Participant Certification Narcotics Offenses and Drug Trafficking (ADS 206.3.10) when applicable;
3. A completed copy of Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction;
4. Other Statements of Recipients.

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

Annex 9: Recipient Certification of Compliance: For U.S. non-profit NGOs, **if** your organization has "self-certified" its personnel (including salaries), travel and procurement policies, please submit a copy of your "Recipient Certification of Compliance" which was submitted to USAID/Washington's Office of Acquisition and Assistance, Cost and Audit Support, Overhead, Special Cost and Close-out (M/OAA/CAS/OCC).

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

E.1. Merit Review Criteria

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

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

E.2. Review and Selection Process

E.2.1. Technical Merit Review

USAID will conduct a merit review of all applications received that comply with the instructions in this NOFO. Gender sensitivity and sustainability will be cross-cutting themes of the merit review criteria. Applications will be reviewed and evaluated in accordance with the following criteria shown in descending order of importance:

Criterion 1: Technical Approach: The extent to which the proposed technical approach demonstrates a clear understanding of the development challenges, including local context, and include sound, evidence-based interventions that are appropriate, realistic, and directly relevant to the achievement of intended results. This includes the following (these considerations are not sub-criteria with specific points assigned but merely specific aspects of the technical approach criterion that may be considered in the evaluation): ● A detailed description of how the Applicant will address the goal, strategic objective and expected results specified in the Program Description (PD). ● The overall quality of the technical and programmatic approaches that reflect evidence-based programming. ● A cleared strategic vision for the implementation of the interventions leading to an overall goal with heavy emphasis placed on the application of dynamic and innovative examples of evidence-based practices ● The extent to which the Application embodies the guiding principles outlined in the program description and the proposed interventions reflect the funding breakdown by program area funding type as outlined in the NOFO. (Note: no budget information should be included in the technical application)
Criterion 2: Management Approach and Key Personnel:

The management approach and key personnel will be assessed based on the extent to which the proposed management structure supports the technical approach and convincingly demonstrates an ability to achieve program objectives. The management approach and key personnel criterion may include, but are not limited to, the following considerations (these considerations are not sub-criteria with specific points assigned but merely specific aspects of the personnel and management approach criterion that may be considered in the evaluation):

- The effectiveness of the proposed staffing plan, which should also include extent to which the proposed overall staffing plan has an appropriate size, breadth, and is efficient and effective and personnel possess the full range of experience, skill, and expertise required to successfully implement the project;
- The extent to which key personnel possess relevant and demonstrated qualifications, experience, and skills applicable to the key personnel positions; and
- The realism and effectiveness of the plans to manage the Activity described in the application.

Criterion 3: Monitoring, Evaluation and Learning - MEL:

The Monitoring, Evaluation and Learning criterion will be evaluated on (these considerations are not sub-criteria with specific points assigned but merely specific aspects of the MEL criterion that may be considered in the evaluation):

- The extent to which the MEL Plan is technically sound and presents an effective plan that effectively measures and reports on meaningful indicators;
- The extent to which the applicant's MEL strategic framework provides a complete and feasible plan for monitoring progress, collecting data, demonstrating outcomes and impact, and disseminating lessons learned and best practices;
- The extent to which the MEL plan provides a robust data quality assurance plan and offers the type and level of proposed results, indicators, and targets that are challenging and appropriate; and
- The extent to which relevant analysis will inform adaptive management of the Activity.

E.2.2 Budget Review

USAID will evaluate the cost/business application of the applicant under consideration for an award as a result of the merit review to determine the extent to which the costs represent a realistic and efficient use of funding to implement the applicant's Activity and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.

E.3. Pre-Award Risk Assessment: In accordance with ADS 303.3.9 and 2 CFR 200.205

The AO must evaluate the risks posed by applicants before making an award. This includes an examination and analysis of whether the applicant has the necessary experience, organizational

capacity, accounting/financial management, monitoring and evaluation processes operational and internal control systems, policies and procedures, financial resources, and other management and technical competence and skills – or has the ability to obtain them – in order to conduct the proposed Activity and achieve the objectives of the Activity, and to comply with the USG standards, requirements, laws, and regulations, as set forth in the terms and conditions of the award. This will include a review of:

- The conformity of the application to USAID Activity objectives and requirements (see Section A of this NOFO);
- The applicant's financial stability and status;
- The applicant's history of performance on and management of similar USAID, USG, or other Activities, including compliance with the terms and conditions of the funding agreement and timeliness of compliance with applicable reporting requirements;
- The applicant's record of business integrity;
- The quality of the applicant's management systems (accounting, recordkeeping, and overall financial management systems; system of internal controls, including segregation of duties, handling of cash, contracting procedures, and personnel and travel policies; procurement system; property management system; system for the administration and monitoring of sub-awards)
- The applicant's ability to meet the USG and USAID management standards and award terms and conditions (as set forth in 2 CFR 200, 2 CFR 700, and the USAID standard provisions for U.S. NGOs; and in the USAID standard provisions for non-U.S. NGOs, as applicable);
- The applicant's eligibility (see Section C. of this NOFO);
- The applicant's professional, management, and technical experience and competence.

To this end, USAID will review information available through USG or other repositories of eligibility, qualification, or financial integrity information, as appropriate. This includes, but is not limited to:

- The USG'S System for Award Management (SAM) (http://www.sam.gov);
- The non-public segment of the USG's Federal Awardee Performance and Integrity Information System (FAPIIS), which is accessible through SAM;
- The Federal Audit Clearinghouse (https://harvester.census.gov/facweb/) for Single Audit information per 2 CFR 200 Subpart F (U.S. NGOs only);
- The List of Specially Designated Nationals (SDN) and Blocked Persons maintained by the U.S. Department of the Treasury's Office of Foreign Assets Control (https://www.treasury.gov/resource-center/sanctions/Pages/default.aspx);
- The United Nations ISIL (Da'esh) & Al-Qaida Sanctions List (https://www.un.org/sc/suborg/en/sanctions/1267/aq_sanctions_list); and
- The USG's Contractor Performance Assessment Reporting System (CPARS) and the Past Performance Information Retrieval System (PPIRS) for acquisition awards (contracts, task orders, purchase orders, etc.) if there is information available on the applicant in these systems, taking into account the differences between performance under acquisition and performance under federal financial assistance awards (grants and cooperative agreements) such as is contemplated under this NOFO.

In addition, the AO will also review other information as part of the pre-award risk assessment. This includes, but is not limited to:

- The statutory and regulatory Certifications, Assurances, and other Statements of Applicant/Recipient (see Section D.3.8 of this NOFO);
- Recipient-Contracted Audits per the USAID standard provision for non-U.S. NGOs entitled (Accounting, Audit, and Records" (non-U.S. NGOs only);
- The application;
- Past performance and other references;
- Pre-award survey (if conducted); and
- For organizations new to USAID and organizations with outstanding audit findings, USAID may request the following information (which does not need to be submitted with the initial application, but may be requested subsequently from the apparently successful applicant):
  - ➢ Copies of audited financial statements for the last three years, which a Certified Public Accountant or other auditor satisfactory to USAID has performed;
  - ➢ Projected budget, cash flow, and organization charts; and
  - ➢ Copies of applicable policies and procedures (*e.g.*, accounting, purchasing, property management, personnel, travel).

Depending on the result of the risk assessment, the AO will determine whether to execute the award, not to execute the award, or make an award with "specific conditions" (*i.e.*, additional non-standard award requirements designed to minimize the risk presented to USAID, as described in 2 CFR 200.207 and ADS 303.3.9.2), but only where it appears likely that the applicant can correct the deficiency in a reasonable period.

The applicant, at its option, may review information in the designated integrity and performance systems (FAPIIS) and comment on any information about itself that a USG awarding agency previously entered and is currently in the designated integrity and performance system. USAID will consider any comments by the applicant, in addition to the other information in FAPIIS, in making a judgment about the applicant's integrity, business ethics, and record of performance under USG awards when completing the pre-award risk assessment.

E.4. Review of Proposed Award Budget

The budget of the apparently successful applicant will be reviewed to ensure that costs, including cost sharing, are in compliance with OMB's and USAID's policies. The recipient must justify in advance the proposed costs for each element of the Activity. When reviewing costs, the cost breakdown will be reviewed; and specific elements of costs will be evaluated and analyzed for reasonableness and allocability of costs in the budget, and the allowability of the costs under the applicable cost principles.

E.5. Cost Sharing

USAID has established a required cost share of five (5) percent of the of the total USAID funded amount. Leveraged non-USAID resources from private firms and institutions (such as equipment, training, level of effort and any in-kind contributions) may be considered part of cost share. Cost sharing may be also demonstrated either through direct funding, beneficiary contributions, in-kind assistance, or a combination thereof. USAID shall make the final determination and assess whether or not the Applicants cost share contributions (e.g. categories or items) meet the standards set in 2 CFR 200. Applicants that offer additional cost-sharing above the required percentage will be treated the same as those that do not.

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F.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.

Award Issuance: Below is the procedure for the award issuance process:

1. Although an earlier notification may be provided to the applicant regarding their recommended selection for award, only a Cooperative Agreement signed by the USAID Agreement officer will constitute the USAID commitment of the selection of the applicant.
2. USAID will provide the cooperative agreement to the successful applicant's designated point of contact electronically. The signed cooperative agreement will authorize the selected applicant to begin implementation of the activities described in their technical application or revised technical application/addenda, and will obligate funds for payment to the recipient of the cooperative agreement for costs incurred in such implementation. The signed award will be accompanied by a USAID Agreement Officer's Representative (AOR) and Alternate AOR Designation letter.
3. The unsuccessful applicants designated point of contact will be notified electronically of their non-selection once USAID decides which applicant the Agency will consider for award. Within 10 working days after an applicant receives notice that USAID will not fund its application, the unsuccessful applicant may send a written request for additional information to the Agreement Officer. Additional information may be provided at the discretion of the Agreement Officer following the procedures included in ADS 303.3.7.2.

F.2. Administrative & National Policy Requirements

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

For US organizations: ADS 303, 2 CFR 700, 2 CFR 200, and
https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf

For Non US organizations:
https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf

F.3. Standard Provisions

The applicable Standard Provisions will be attached to the final award document. However, the following Standard Provisions indicated below in full text should be specifically noted by the prospective applicants.

I. PROHIBITION ON PROVIDING FEDERAL ASSISTANCE TO ENTITIES THAT REQUIRE CERTAIN INTERNAL CONFIDENTIALITY AGREEMENTS – REPRESENTATION (MAY 2017)

(a) Definitions.

"Contract" has the meaning given in 2 CFR Part 200.

"Contractor" means an entity that receives a contract as defined in 2 CFR Part 200.

"Internal confidentiality agreement or statement" means a confidentiality agreement or any other written statement that the recipient requires any of its employees or subrecipients to sign regarding non-disclosure of recipient information, except that it does not include confidentiality agreements arising out of civil litigation or confidentiality agreements that recipient employees or subrecipients sign at the behest of a Federal agency.

"Subaward" has the meaning given in 2 CFR Part 200. "Subrecipient" has the meaning given in 2 CFR Part 200.

(b) In accordance with section 743 of Division E, Title VII, of the Consolidated and Further Continuing Appropriations Act, 2015 (Pub. L. 113-235) and its successor provisions in subsequent appropriations acts (and as extended in continuing resolutions), Government agencies are not permitted to use funds appropriated (or otherwise made available) for federal assistance to a non- Federal entity that requires its employees, subrecipients, or contractors seeking to report waste, fraud, or abuse to sign internal confidentiality agreements or statements that prohibit or otherwise restrict its employees, subrecipients, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(c) The prohibition in paragraph (b) of this provision does not contravene requirements applicable to Standard Form 312, (Classified Information Nondisclosure agreement), Form 4414 (Sensitive Compartmented Information Nondisclosure Agreement), or any other form issued by a Federal department or agency governing the Nondisclosure of classified information.

(d) Representation. By submission of its application, the prospective recipient represents that it will not require its employees, subrecipients, or contractors to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting its employees, subrecipients, or contractors from lawfully reporting waste, fraud, or abuse related to the performance of a Federal award to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information (for example, the

Agency Office of the Inspector General).

II. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)
APPLICABILITY: *This provision is applicable to those awards using federal funding predictably for international health activities with a primary purpose or effect of benefitting a foreign country, typically funded from the GHP, ESF, AEECA, or successor accounts, as applicable, including awards reported on under the Health category of the Foreign Assistance Standardized Program Structure, except those under program area HL.8, Water Supply and Sanitation, the American Schools and Hospitals Abroad Program, or programs funded by Food for Peace. This provision applies whenever implementation of the* activity involves assistance to or implemented by foreign nongovernmental organizations.

PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

(a) Ineligibility of Foreign Non-governmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning

This provision is in two parts: I, applicable to foreign non-governmental organizations; and II, applicable to U.S. non-governmental organizations. Both part I and part II should be included in awards.

I. Grants and Cooperative Agreements with Foreign Non-governmental Organizations

(1) The recipient agrees that it will not, during the term of this award, perform or actively promote abortion as a method of family planning in foreign countries or provide financial support to any other foreign non-governmental organization that conducts such activities. For purposes of this paragraph (a), a foreign nongovernmental organization is a for-profit or not-for-profit non-governmental organization that is not organized under the laws of the United States, any State of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, or any other territory or possession of the United States.

(2) The recipient agrees that authorized representatives of USA may, at any reasonable time, announced or unannounced, consistent with 2 CFR Part 200: (i) inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that describe the health activities of the recipient, including reports, brochures, and service statistics; (ii) observe the health activities conducted by the recipient, (iii) consult with healthcare personnel of the recipient; and (iv) obtain a copy of audited financial statements or reports of the recipient, as applicable.

(3) In the event USAID has reasonable cause to believe that the recipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient must make available to USAID such books and records and other information as USAID may reasonably request to determine whether a violation of that undertaking has occurred, consistent with 2 CFR Part 200.

(4) Health assistance furnished to the recipient under this award must be terminated if the recipient violates any undertaking required by this paragraph (a), and the recipient must refund to USAID any unexpended amounts furnished to the recipient under this award, plus an amount equivalent to that used by the recipient to perform or actively promote abortion as a method of family planning while receiving funding under this award. The amount to be refunded to USAID under this subparagraph (4) may not exceed the total amount of health assistance furnished under this award.

(5) The recipient may not furnish health assistance under this award to another foreign non-governmental organization (the subrecipient) unless: (i) subrecipient agrees, by entering into such subaward, that it does not perform or actively promote abortion as a method of family planning in foreign countries and will not provide financial support to any other foreign non-governmental organization that conducts such activities; and (ii) such foreign non-governmental organization's agreement contains the same terms and conditions as described in subparagraph (6) below.

(6) Prior to entering into an agreement to furnish health assistance to a foreign non-governmental organization under this award, the recipient must ensure that such agreement with the subrecipient includes the following terms:

(i) The subrecipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in foreign countries or provide financial support to other foreign non-governmental organizations that conduct such activities;

(ii) The recipient and authorized representatives of USAID may, at any reasonable time, announced or unannounced, consistent with 2 CFR Part 200: (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the health activities of the subrecipient, including reports, brochures, and service statistics; (B) observe health activities conducted by the subrecipient; (C) consult with healthcare personnel of the subrecipient; and (D) obtain a copy of audited financial statements or reports of the subrecipient, as applicable;

(iii) In the event that the recipient or USAID has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient will review the health program of the subrecipient to determine whether a violation of such undertaking has occurred. The subrecipient must make available to the recipient such books and records and other information as may be reasonably requested to conduct the review. USAID may review the health program of the subrecipient under these circumstances, and the subrecipient must provide access on a timely basis to USAID to such books and records and other information upon request, consistent with 2 CFR Part 200;

(iv) Health assistance provided to the subrecipient under this award must be terminated if the subrecipient violates any award terms under subparagraphs (6)(i)-(iii), above, and the subrecipient must refund to the recipient any unexpended amounts furnished to the subrecipient under this award, plus an amount equivalent to that used by the subrecipient to perform or actively promote abortion as a method of family planning while receiving funding under this

award, up to the total amount of health assistance furnished to the subrecipient under this award; and

(v) The subrecipient may furnish health assistance under this award to another foreign non-governmental organization only if: (A) such foreign nongovernmental organization agrees, by entering into such agreement, that it will not perform or actively promote abortion as a method of family planning in foreign countries and will not provide financial support to any other foreign non-governmental organization that conducts such activities, and (B) such foreign non-governmental organization's agreement contains the same terms and conditions as those provided by the subrecipient to the recipient as described in subparagraphs (6)(i)-(iv), above.

(7) Where the terms and conditions of the award require USAID approval of subawards, the recipient must include a description of the due diligence performed by the recipient on the subrecipient before furnishing health assistance under this award.

(8) The recipient is liable to USAID for a refund for a violation by the subrecipient of any requirement of this paragraph (a) only if: (i) the recipient knowingly furnishes health assistance under this award to a subrecipient that performs or actively promotes abortion as a method of family planning, or (ii) the subrecipient did not abide by its award terms required by subparagraphs (6)(i)-(iii), above, and the recipient failed to make reasonable due diligence efforts prior to furnishing health assistance to the subrecipient, or (iii) the recipient knows or has reason to know, by virtue of the monitoring that the recipient is required to perform under the terms of this award, that a subrecipient has violated any of the award terms required by subparagraphs (6)(i)-(iii), above, and the recipient fails to terminate health assistance to the subrecipient, or fails to require the subrecipient to terminate assistance furnished under a subaward that violates any award terms required by subparagraphs (6)(i)-(iii), above.

(9) The recipient acknowledges that USAID may make independent inquiries in the community served by the recipient or a subrecipient under this award regarding whether it performs or actively promotes abortion as a method of family planning.

(10) The following definitions apply for purposes of paragraph (a):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother and abortions performed for fetal abnormalities, but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest.

(ii) "To perform abortions" means to operate a facility where abortions are provided as a method of family planning. Excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(iii) "To actively promote abortion" means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following activities:

(I) Operating a service-delivery site that provides, as part of its regular program, counseling, including advice and information, regarding the benefits and/or availability of abortion as a method of family planning;
(II) Providing advice that abortion as a method of family planning is an available option or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if a woman who is already pregnant specifically asks the question, she clearly states that she has already decided to have a legal abortion, and the healthcare provider reasonably believes that the ethics of the medical profession in the host country requires a response regarding where it may be obtained safely and legally);
(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and
(IV) Conducting a public information campaign in foreign countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest, or if the life of the mother would be endangered if she were to carry the fetus to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, postabortion care.

(C) Action by an individual acting in the individual's capacity shall not be attributed to an organization with which the individual is associated, provided that the individual is neither on duty nor acting on the organization's premises, and the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent that he or she is acting on behalf of the organization.

(iv) Furnishing health assistance to a foreign non-governmental organization includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the recipient or subrecipient.

(v) To "control" an organization means to possess the power to direct, or cause the direction of, the management and policies of an organization.

(11) In determining whether a foreign non-governmental organization is eligible to be a recipient or subrecipient of health assistance under this award, the action of separate non-governmental organizations shall not be imputed to the recipient or subrecipient, unless, in the judgment of USAID, a separate non-governmental organization is being used purposefully to avoid the provisions of this paragraph (a). Separate non-governmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if

one is controlled by the other. The recipient may request the USAID Agreement Officer's approval to treat as separate the health activities of two or more organizations, which would not be considered separate under the preceding sentence. The recipient must provide a written justification to USAID that the health activities of the organizations are sufficiently distinct to warrant not imputing the activity of one to the other.

(12) Health assistance may be furnished under this award by a recipient or subrecipient to a foreign government or parastatal even though the government or parastatal includes abortion in its health program, provided that no such assistance may be furnished under this award in support of the abortion activity of the government or parastatal and any funds transferred to the government or parastatal must be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government or parastatal.

(13) For the avoidance of doubt, in the event of a conflict between a term of this paragraph (a) and an affirmative duty of a healthcare provider required under local law to provide counseling about and referrals for abortion as a method of family planning, compliance with such law shall not trigger a violation of this paragraph (a).

II. Grants and Cooperative Agreements with U.S. Non-governmental Organizations

(1) The recipient (A) agrees that it will not furnish health assistance under this award to any foreign non-governmental organization that performs or actively promotes abortion as a method of family planning in foreign countries; and (B) further agrees to require that such subrecipients do not provide financial support to any other foreign non-governmental organization that conducts such activities. For purposes of this paragraph (a), a foreign non-governmental organization is a for-profit or not-for-profit non-governmental organization that is not organized under the laws of the United States, any State of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, or any other territory or possession of the United States.

(2) Prior to entering into an agreement to furnish health assistance to a foreign non-governmental organization (subrecipient) under this award, the recipient must ensure that such agreement with the subrecipient includes the following terms:

(i) The subrecipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in foreign countries or provide financial support to other foreign non-governmental organizations that conduct such activities;

(ii) The recipient, and authorized representatives of USAID may, at any reasonable time, announced or unannounced, consistent with 2 CFR Part 200: (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the health activities of the subrecipient, including reports, brochures, and service statistics; (B) observe the health activities conducted by the subrecipient; (C) consult with healthcare personnel of the subrecipient; and (D) obtain a copy of audited financial statements or reports of the subrecipient, as applicable;

(iii) In the event that the recipient or USAID has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient will review the health program of the subrecipient to determine whether a violation of such undertaking has occurred. The subrecipient must make available to the recipient such books and records and other information as may be reasonably requested to conduct the review. USAID may review the health program of the subrecipient under these circumstances, and the subrecipient must provide access on a timely basis to USAID to such books and records and other information upon request, consistent with 2 CFR part 200;

(iv) Health assistance provided to the subrecipient under this award must be terminated if the subrecipient violates any award terms required by subparagraphs (2)(i)-(iii), above, and the subrecipient must refund to the recipient any unexpended amounts furnished to the subrecipient under this award, plus an amount equivalent to that used by the subrecipient to perform or actively promote abortion as a method of family planning while receiving funding under this award, up to the total amount of health assistance furnished to the subrecipient under this award; and

(v) The subrecipient may furnish health assistance under this award to another foreign non-governmental organization only if: (A) such foreign nongovernmental organization agrees, by entering into such agreement, that it will not perform or actively promote abortion as a method of family planning in foreign countries and will not provide financial support to any other foreign non-governmental organization that conducts such activities; and (B) such foreign non-governmental organization's agreement contains the same terms and conditions as those provided by the subrecipient to the recipient as described in subparagraphs (2)(i)-(iv), above.

(3) Where the terms and conditions of the award require USAID approval of subawards, the recipient must include a description of the due diligence **p**erformed by the recipient on the subrecipient before furnishing health assistance under this award.

(4) The recipient is liable to USAID for a refund for a violation by the subrecipient of any requirement of this paragraph (a) only if: (i) the recipient knowingly furnishes health assistance under this award to a subrecipient that performs or actively promotes abortion as a method of family planning; or (ii) the subrecipient did not abide by its award terms required by subparagraphs (2)(i)-(iii), above, and the recipient failed to make reasonable due diligence efforts prior to furnishing health assistance to the subrecipient; or (iii) the recipient knows or has reason to know, by virtue of the monitoring that the recipient is required to perform under the terms of this award, that a subrecipient has violated any of the award terms required by subparagraphs (2)(i)-(iii), above, and the recipient fails to terminate health assistance to the subrecipient, or fails to require the subrecipient to terminate assistance furnished under a subaward that violates any award terms required by subparagraphs (2)(i)-(iii), above.

(5) The recipient acknowledges that USAID may make independent inquiries in the community served by a subrecipient under this award regarding whether such subrecipient performs or actively promotes abortion as a method of family planning.

(6) The following definitions apply for purposes of this paragraph (a):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother and abortions performed for fetal abnormalities, but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest.

(ii) "To perform abortions" means to operate a facility where abortions are provided as a method of family planning. Excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(iii) "To actively promote abortion" means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following activities:

(I) Operating a service-delivery site that provides, as part of its regular program, counseling, including advice and information, regarding the benefits and/or availability of abortion as a method of family planning;

(II) Providing advice that abortion as a method of family planning is an available option or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if a woman who is already pregnant specifically asks the question, she clearly states that she has already decided to have a legal abortion, and the healthcare provider reasonably believes that the ethics of the medical profession in the host country requires a response regarding where it may be obtained safely and legally);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV) Conducting a public-information campaign in foreign countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest, or if the life of the mother would be endangered if she were to carry the fetus to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, postabortion care.

(C) Action by an individual acting in the individual's capacity shall not be attributed to an organization with which the individual is associated, provided that the individual is neither on duty nor acting on the organization's premises, and the organization neither endorses nor

provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent that he or she is acting on behalf of the organization.

(iv) Furnishing health assistance to a foreign non-governmental organization includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the recipient or subrecipient.
(v) To "control" an organization means to possess the power to direct, or cause the direction of, the management and policies of an organization.

(7) In determining whether a foreign non-governmental organization is eligible to be a subrecipient of health assistance under this award, the action of separate non-governmental organizations shall not be imputed to the sub-recipient, unless, in the judgment of USAID, a separate non-governmental organization is being used purposefully to avoid the provisions of this paragraph (a). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The recipient may request the USAID Agreement Officer's approval to treat as separate the health activities of two or more organizations, which would not be considered separate under the preceding sentence. The recipient must provide a written justification to USAID that the health activities of the organizations are sufficiently distinct to warrant not imputing the activity of one to the other.

(8) Health assistance may be furnished under this award by a recipient or subrecipient to a foreign government or parastatal even though the government or parastatal includes abortion in its health program, provided that no such assistance may be furnished under this award in support of the abortion activity of the government or parastatal and any funds transferred to the government or parastatal must be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government or parastatal.

(9) For the avoidance of doubt, in the event of a conflict between a term of this paragraph (a) and an affirmative duty of a healthcare provider required under local law to provide counseling about and referrals for abortion as a method of family planning, compliance with such law shall not trigger a violation of this paragraph (a).

(b) This provision shall be inserted verbatim in subawards in accordance with the terms of paragraph (a).

[END OF PROVISION]

F.4. Quarterly Financial Reporting

Financial reporting requirements will be in accordance with 2 CFR 200.327. The recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (https://pms.psc.gov)

The recipient must submit a copy of the Federal Financial Report (FFR) at the same time to the AO and the AOR at USAID/Burundi. Electronic copies of the SF-425 can be found at: https://app_gsagov_prod_rdcgwaajp7wr.s3.amazonaws.com/SF425-V2.pdf

The Recipient must submit a final financial report using Standard Form 425 to the USAID/Washington, M/CFO/CMPLOC Unit, the AO, and the AOR at the end of the award. The Recipient must submit a copy of the final financial report to U.S. Department of Health and Human Services. Final reports shall be submitted no later than 90 days after the Agreement period end date.

The Recipient should collaborate with the AOR in providing accrual information, which is the best estimate of the amounts incurred on goods and services for USAID project, during the quarter under consideration, but not yet billed to USAID. The information should be submitted to the AOR no later than 15 days before the end of each quarter.

F.5. Reporting Program Performance

The recipient will submit reports to the USAID/Burundi AOR as described below.

F.5.2.1 Annual Implementation Plan

The Recipient shall submit its implementation plan 30 days before the beginning of each fiscal year, or within 30 days of the award effective date for the initial fiscal year. This submission will be developed through a joint planning process and will be approved by the designated AOR. It should be aligned with the Program Description. The annual implementation plan, complemented by budget narratives, should explain the rationale, sequence, and timeliness of interventions that will be implemented during that fiscal year. Implementation plans should not be submitted to USAID's Development Experience Clearinghouse (DEC). Im Annual implementation plans and significant revisions thereto are subject to USAID AOR approval.

F.5.2.2 Monitoring, Evaluation and Learning (MEL) Plan

USAID/Burundi requires the Recipient to submit a revised Monitoring, Evaluation and Learning (MEL) Plan within 30 days from the effective date of the award. The MEL Plan will elaborate how the recipient and USAID will monitor progress, evaluate performance and/or impact and how the activity intends to learn from the implementation and use the lessons learned to adapt its programing. The MEL Plan will contain a section on "Monitoring," a section on "Evaluation" and a section on "Learning."

The *Monitoring section* will specify indicators, targets, and monitoring methodologies that allow the recipient and USAID/Burundi to track the progress of activity interventions towards achieving the expected results and targets related to activity objectives. In the Monitoring plan the Recipient identifies appropriate monitoring approaches to be used and selects performance indicators (standard and custom) to use in tracking progress, determines baselines, and sets targets (annual and end of activity targets) aligned to global and national level targets for RMNCH and malaria. For each indicator selected, a performance indicator reference sheet (PIRS) containing information such as indicator definition, rationale, mode of analysis, type, baseline value and date, data source, linkage to the outcome and long term impact, reporting

frequency, appropriate disaggregation etc., must be completed. All indicators must meet USAID data quality standards for validity, integrity, precision, reliability, and timeliness as described in ADS 201.3.5.8 (https://www.usaid.gov/sites/default/files/documents/1870/201.pdf) and must be subject to regular data quality assessments by both the Recipient and USAID Burundi to ensure that data and systems meet the required quality standards. For this activity, the Recipient may also be asked to include indicators established by the GOB as part of a national harmonization exercise.

In line with USAID gender guidelines the recipient must collect and report sex disaggregated data. Other desegregations such as rural versus urban, age appropriate, marital status, education etc. must be considered as appropriate. In this section also, the recipient describes the data collection and management structure, systems and processes.

The *Evaluation section* will describe how interventions will be assessed at the performance and/or impact level, and include a schedule and tools for periodic evaluation/re-evaluation and revision of the approach if and as necessary.

Given that Tubiteho is a large activity and may change geographical coverage during implementation due to a changing context and or malaria epidemic shift, USAID/Burundi intends to commission a mid-term performance evaluation (to be funded outside of the resultant Agreement) to assess the performance of this activity half way through the implementation and provide recommendations for the remaining part of the activity implementation. The evaluation section will take this into account in its evaluation schedule and facilitate the evaluation implementation. The evaluation section may also contain a description of how and when planned facility assessments and cross-sectional surveys will be conducted and their purpose as well as their contribution in improving overall health programming in Burundi.

The *Learning section* will describe how knowledge and learning will be gained from implementation, evaluation findings, and monitoring data, to adjust interventions and approaches as needed.

The MEL plan must be submitted to the AOR for review and approval along with the annual implementation plan. The MEL plan must be updated annually, or any time it is deemed necessary as agreed upon between the AOR and the Recipient.

F. 5.2.3 Quarterly Performance Reports

The recipient must submit a Quarterly Performance Report on progress toward agreed performance targets every three (3) months. Quarterly Performance Reports shall be submitted 30 calendar days after the end of the quarter pursuant to 2 CFR 200.328, except for the fourth quarters of project performance which are included in the annual performance reports. The quarterly reports shall contain the information as required in 2 CFR 200.328. The scope and format of the quarterly progress reports will be finalized in consultation with the AOR.

The Quarterly Progress Reports shall include the following information: i) a summary of key achievements; ii) actual achievements of the quarter, that should be presented in quantitative terms whenever possible and described in a brief narrative (no more than 5 pages 12ppt font single spaced) that relates activities, products, and results established in the work plan. Progress

on performance data should be presented for the quarter and also cumulatively; and iii) information on management issues, including administrative or coordination problems. The financial section of the Quarterly Progress Report shall include a breakdown of expenditures by funding stream (MCH, FP, and Malaria). The quarterly report can be submitted electronically to the AOR.

F.5.2.4 Annual Performance Reports

The Recipient will submit an Annual Reports to USAID/Burundi each year within 30 days after the end of the fiscal year. The Annual Report shall contain the following information: i) a summary of key achievements; ii) a comparison of actual accomplishments against goals established for the period in the annual work-plan; iii) cumulative quantitative Monitoring and Evaluation data, including information on progress towards targets, and explanations of any issues related to data quality; iv) a summary of funds expended during the fiscal year by funding source; v) a cumulative list of report/studies/documents sent to USAID's DEC; vi) lessons learned and success stories, vii) information on major challenges and constraints faced during the performance period being reported; and viii) prospects for the next year's performance. Upon receiving AOR approval, the approved Annual Report shall be submitted to the USAID's DEC. The detailed format of the report should be developed in conjunction with the AOR. The Recipient shall discuss with the AOR any issues identified as a result of these reports, including, but not limited to, data quality and cost issues, to determine appropriate follow-up actions, including providing additional information as necessary to clarify performance issues. Electronic submissions are preferred.

F.5.2.5 Final Report

The Recipient shall submit a draft of the final report to the AOR within 90 days following the estimated completion date of the cooperative agreement. This Final Report will include the following information: i) overall program accomplishments, presented in quantitative terms and described in a narrative that relates activities, products, and results to the Performance, Monitoring, and Evaluation Plan (PME); ii) discussion of why unexpected progress, positive or negative, was made toward the planned results; if the performance monitoring system (indicators) indicates that expected results were not achieved, the partner shall seek to determine and explain the reason; and iii) analysis of lessons learned, summary of responses to problems encountered during Activity implementation, and a bibliography of all products, tools, reports, and studies produced through the project. Upon receiving AOR approval, the approved Final Report shall be submitted to the USAID's DEC (http://dec.usaid.gov).

F.6. Development Experience Clearinghouse Requirements

Consistent with ADS 540 Development experience documentation may be submitted.

- Online: http://www.usaid.gov/results-and-data/information-resources/development-experience-clearinghouse-dec

- By mail (for pouch delivery):

USAID Development Experience Clearinghouse

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

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

F.7. Branding & Marking

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

Branding Strategy

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

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

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

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. USAID/ Burundi will require implementing partners to procure magnets to label USAID funded vehicles. When vehicles are being used for non-administrative purposes, the magnets should be adhered; at all other times the magnets should be removed. These costs are subject to the revision and negotiation with the AO and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Branding Strategy must include, at a minimum, all of the following:
(1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.

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

(i) USAID requires the applicant to use the “USAID Identity,” comprised of the USAID logo and brandmark, with the tagline “from the American people” as found on the USAID Web site at https://www.usaid.gov/branding, unless the NOFO states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.

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

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

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

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

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

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

(i) Describe the main program message.

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

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

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

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

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

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

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

Marking Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(v) The rationale for not marking program deliverables.

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

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

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

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

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

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

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

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

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

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

F.8. Environmental Compliance

F.8.1 General

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

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

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

F.8.2 Compliance with the IEE

An Initial Environmental Examination (IEE) has been approved for the USAID Burundi PAD funding this Activity. The IEE covers activities expected to be implemented under this Award. USAID has determined that a Negative Determination with conditions applies to one or more of

the proposed interventions. This indicates that if these interventions are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The applicant shall be responsible for implementing all IEE conditions pertaining to interventions to be funded under this award. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this NOFO.

F.8.3. Implementation Plans

- As part of its initial Implementation Plan, and all Annual Implementation Plans thereafter, the recipient, in collaboration with the USAID AOR and Mission Environmental Officer (MEO) or BEO, as appropriate, shall review all ongoing and planned activities under this cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.
- If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for review and approval of MEO or BEO. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.
- Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

F.8.4 Mitigation Measures and Monitoring

When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the recipient shall:

- Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.
- Integrate a completed EMMP or M&M Plan into the initial work plan.
- Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

G.1. Agreement Officer for this Award resulting from this NOFO:

Peggy L. Manthe
U.S Agency for International Development
USAID/Rwanda, 2657 Avenue de la Gendarmerie
Kacyiru, Kigali
E-mail Address: pmanthe@usaid.gov

G.2. Points of Contact for Questions:

Peggy L. Manthe
U.S Agency for International Development
USAID/Rwanda, 2657 Avenue de la Gendarmerie
Kacyiru, Kigali
E-mail Address: pmanthe@usaid.gov

Godfrey Kyagaba
Senior Acquisition & Assistance Specialist
USAID/Burundi
50, Avenue des Etats Unis,
Bujumbura, Burundi
E-mail Address: gkyagaba@usaid.gov

[END OF SECTION G]

SECTION H: OTHER INFORMATION

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

List of Annexes

The following documents are included as Annexes to the NOFO to provide additional information to the prospective applicants.

Annex A - Abbreviations and Acronyms
Annex B - Health indicators and health service indicators for Burundi
Annex C - Program Performance Illustrative Indicators
Annex D - Budget Template

Web links

- Standard Foreign Assistance Indicators: https://www.state.gov/f/indicators/
- Grants.gov **:** www.grants.gov
- SF-424 series: http://www.grants.gov/web/grants/forms/sf-424-family.html
- Cable no. 119780 - Salary Supplements for Host Government Employees : http://www.usaid.gov/ads/policy/300/119780
- USAID Gender Equality and Female Empowerment Policy of March 2012: https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf

[END OF SECTION H]