Date: **December 2, 2024**

Subject: **Notice of Funding Opportunity Number (NOFO): 72062125RFA00001, Amendment No. 01**

Dear Prospective Applicant,

The purpose of Amendment No. 1 to the NOFO is as follows:

1. Provide answers to questions submitted on November 20, 2024 (see Appendix 1);
2. Revise the submission date (see highlighted changes in Appendix 2); and,
3. Revise application instructions in Section D (see highlighted changes in Appendix 2).

This amendment does not obligate USAID to execute an award, nor does it commit USAID to pay any costs incurred in the preparation and submission of applications. Furthermore the U.S. Government reserves the right to reject any and all applications, if such action is considered to be in the best interest of the U. S. Government. All other terms and conditions remain unchanged.

Sincerely,

Ashley Burgin

Digitally signed by Ashley Burgin
Date: 2024.12.02 08:42:40 +03'00'

Ashley Burgin
Agreement Officer
Office of Acquisition and Assistance
USAID Tanzania

QUESTIONS AND ANSWERS

1. On page 20 of the NOFO, “Sub IR 3.1 The Activity will implement all SBC interventions at national level to avoid duplication of efforts across partners and stakeholders, access economies of scale in mass or social media or address social and behavioral determinants that cut across health areas such as norms, stigma and discrimination or agency. This national level implementation will serve to create an enabling environment and reinforce SBC interventions taking place at the community or facility level.” Could USAID clarify which and/or how many campaigns and interventions within the platforms we need to provide TA to?

USAID Response: The number of SBC interventions and TA supported by USAID Thamini Afya will depend on need and funding. The Activity is expected to establish nimble operations to support numerous activities on the design, implementation, monitoring, and evaluation spectrum simultaneously.

2. On page 38 of the NOFO, USAID requests "The applicant must provide information regarding its recent history of performance for all its cost-reimbursement or fixed price contracts, grants, or cooperative agreements, including any fixed amount awards involving similar or related programs, not to exceed three years as follows." This may pose an undue burden on USAID's review committee considering global presence and extensive operational history. Would USAID consider limiting the requirement to the 5 most relevant past performance references, as is customary in many solicitations?

USAID Response: Past performances should be limited to the five most relevant past performance references within the past three years.

3. In light of USAID’s emphasis on localization and the need to engage and collaborate meaningfully with local partners to align with these priorities, we kindly request a one-week extension to the proposal submission deadline.

USAID Response: USAID has revised the deadline to December 16, 2024 at 17:00 East Africa Time (EAT)

4. On page 23 of the NOFO (and elsewhere), it is stated that the Activity will include buy-ins from multiple health areas. Would you please clarify the nature of these buy-ins?

USAID Response: Buy-ins from multiple health areas means that funding will be awarded to the Activity from different health areas. The Activity will be responsible for supporting the following health areas: HIV, malaria, TB, family planning, MCH, and global health security SBC interventions based on the amount of funding received for each health area. Funding from various health areas will be combined to form the total estimated amount for this award.

5. Will these buy-ins include additional funding for Thamini Afya Activity programs and activities?

USAID Response: No, the total estimated amount for the USAID Thamini Afya Activity is $16,450,000 and all activities should be within that total amount.

6. Is the awardee responsible for identifying potential buy-ins and marketing Thamini Afya to these health programs?

USAID Response: No. Buy-ins are not additional funding and the Activity will not need to promote itself to expand the health areas that are supported. Within the total estimated amount, the Activity should be able to support multiple health areas.

7. Given the project's national focus, are there priority regions and councils for the project's first year(s)?

USAID Response: The focus for this Activity is at national level. Priority regions will depend on the health area(s) that need SBC interventions. For Global Health Security, this Activity will support national and sub-national level SBC interventions with specific regions communicated as work plans are developed. The Activity is expected to establish nimble operations to support various regions as needed.

8. Is the project responsible for conducting new research to fill gaps in SBC interventions?

USAID Response: Sub-IR 3.3, "Intermediate and behavioral outcomes are routinely monitored and evaluated", includes process, outcome, and impact evaluations of SBC interventions. However, the actual implementation of evaluations will be determined by need and availability of funding. Sub-IRs 2.1 and 2.2 include collection of primary evidence, where necessary, to inform adaptation of existing SBC interventions and design of new SBC interventions.

9. Could USAID please share the gender analysis completed May 2024 and mentioned on NOFO page 24? Is this gender analysis the basis for the detailed gender analysis that will be conducted in the early stages of project implementation (see NOFO page 25)?

USAID Response: No, USAID will not be sharing the gender analysis completed in May 2024 and it does not need to be the basis for a detailed gender analysis.

10. Does USAID Tanzania have a preferred template for Past Performance References for this application? If so, could this be shared?

USAID Response: No, USAID Tanzania does not have a preferred template. Applicants should provide the required information listed in the NOFO.

11. We request at least a 15-day extension to the proposal deadline.

USAID Response: See response to question #3

12. Would USAID permit applicants to use a 10-point font for text boxes?

USAID Response: 10-point font can only be used for graphs, charts, tables and text boxes.

13. Could USAID kindly clarify whether applicants should submit the Certificate of Incorporation and Registration as an annex as part of the Technical Application or Business Application?

USAID Response: The Certificate of Incorporation and Registration should be submitted as an annex to the Technical Application.

14. Could USAID kindly provide recent reports and/or evaluations from the Breakthrough Action project in Tanzania? Many of these reports do not appear on the Development Clearinghouse Exchange (DEC)

USAID Response: The Development Experience Clearinghouse is a comprehensive, but not exhaustive source of information.

15. Could USAID clarify whether there should be a MEL section included in the 15-page technical approach, or should MEL (text, approach, etc.) only be in the Annex, (MEL indicator Matrix)?

USAID Response: Per the NOFO: "The Applicants must submit their overall monitoring approach as an indicator matrix that should be included as an annex. This matrix should contain the proposed indicators for each intermediate result, indicator type (output, outcome etc), data source, frequency of data collection, and baseline data. The annex will not be counted in the page limit."

16. Could USAID kindly clarify whether there are any subsections required within the technical approach, as no guidance is given?

USAID Response: There are no requirements for subsections.

17. Could USAID kindly clarify how many past performances applicants should provide? The current guidance in the NOFO requests all in the past three years which for some organizations could amount to several dozens of active and past projects.

USAID Response: See response to question #2

18. Could USAID kindly clarify if the expectation is that USAID Thamini Afya will be responsible for designing all SBC materials to be used by USG service delivery partners? Would this design of materials be limited to graphic designs such as posters and behavior change strategies for various health areas or does USAID intend USAID Thamini Afya also produce them in large quantities in print and electronic formats and distribute them? Will USG service delivery partners be responsible for printing and distribution?

USAID Response: Yes, USAID Thamini Afya will be responsible for designing of all SBC interventions which will be implemented by USAID Thamini Afya, which may also include materials, for all USG-supported service delivery partners, depending on need and available funding. The design will not be limited to only graphic design and behavior change strategies for various health areas. In some cases USAID Thamini Afya will be expected to print SBC materials and electronic format and distribute them at national and sub-national levels. In other cases, the USG-supported service delivery partner or Government of Tanzania may support costs associated with printing and distribution.

19. Could USAID kindly clarify if the expectation under IR3.2 is that USAID Thamini Afya will be responsible for implementing SBC interventions sub-nationally at the community and facility level for all global health security (GHS) interventions?

USAID Response: Yes, USAID Thamini Afya will be responsible for the implementation of global health security SBC interventions nationally and sub-nationally at the community and facility level in a sub-set of regions which will be determined by USAID Tanzania.

20. Could USAID kindly clarify whether under IR3.2 the phrase "as needed" in the following sentence applies to both GHS and other health areas, or just other health areas? "The Activity will implement SBC interventions sub-nationally at the community and facility level for all global health security (GHS) interventions and for other health areas, as needed."

USAID Response: "As needed" applies to other health areas. Implementation of SBC interventions for GHS nationally and sub-nationally at community and facility level is mandatory.

21. Could USAID kindly clarify whether there are priority districts or geographic areas for community level implementation under IR3.2 that USAID Thamini Afya will be responsible for supporting?

USAID Response: Priority districts or geographic areas for community level implementation will be communicated by USAID Tanzania during annual work planning. The Activity is expected to establish nimble operations to support various regions as needed.

22. Could USAID kindly clarify how they envision USAID Thamini Afya working with the Zanzibar Ministry of Health under this activity?

USAID Response: The support in Zanzibar is to provide technical assistance to the Health Promotion Unit of the Ministry of Health and the government health programs including HIV and malaria in the design (IR2), management (IR1), and coordination (IR1) of SBC interventions.

23. Could USAID kindly clarify what the intended outputs are from IR 2.1 and IR 2.2? Under IR2, does USAID intend this activity to supply data-driven, theory-informed SBC interventions for use by the Government of Tanzania and USG service delivery partners, or should it concentrate its efforts on ensuring data being used by the Government of Tanzania and USG service delivery partners to create new and enhance existing SBC interventions?

USAID Response: Under IR2, USAID expects USAID Thamini Afya to design theory-informed, evidence-based SBC interventions for the Government of Tanzania and USG-supported service delivery partners. The nuance between Sub-IR 2.1 and Sub-IR 2.2 is that Sub-IR 2.1 involves the use of primary and secondary evidence and routine monitoring data to revise / revamp / update

/ adapt **existing** SBC interventions, while Sub-IR 2.2 involves the use of primary and secondary evidence and routine monitoring data to **develop new** SBC interventions. The SBC interventions are the output (per language used in IR2), not the data.

24. Can USAID please consider allowing applicants to use Calibri 11 pt font for tables in the technical application?

USAID Response: 10-point font can be used for graphs, charts, tables and text boxes.

25. On page 12 of the NOFO it states that "SBC approaches should be used in improving demand creation for screening and testing of precancerous lesions among women living with HIV (WLHIV) aged 18 and above." Can USAID please confirm if Thamini Afya can also use SBC approaches to increase uptake of the HPV vaccine?

USAID Response: Yes.

26. Can USAID please confirm that only the prime applicant needs to complete the Certifications, Assurances, Representations, and Other Statements of the Recipient?

USAID Response: Yes, only the prime applicant needs to complete Certifications, Assurances, Representations and Other Statements.

27. Can USAID please confirm that references for each key personnel may be included on a separate page and that they are not included in the two-page limit per CV?

USAID Response: Yes, the references for each key personnel may be included on a separate page and are not included in the two-page limit for the CV.

28. Page 29 of the NOFO it states that “The Applicants must submit their overall monitoring approach as an indicator matrix that should be included as an annex. This matrix should contain the proposed indicators for each intermediate result, indicator type (output, outcome etc.), data source, frequency of data collection, and baseline data.” Could USAID please confirm that applicants may include a brief narrative description of the proposed monitoring approach in the MEL Indicator Matrix to complement the matrix of indicators?

USAID Response: Yes, applicants may include a very brief narrative description (not to exceed one page).

29. Would USAID consider extending the application deadline by one week due to the US Thanksgiving holiday?

USAID Response: See response to question #3.

30. Can USAID please clarify to what extent Zanzibar will be a geographic area of focus for this activity?

USAID Response: See response to question #22.

31. On page 29 of the NOFO, under "e) Technical Approach (15 pages maximum) can USAID specify if the offeror should follow the order of the description provided, i.e., "...Applicant's key strategies, planned activities, and approaches, and the rationale for selecting the strategies and activities the Applicant will implement to accomplish...", or can it be in a different order?

USAID Response: Applicants may structure their technical approach as they choose, there is no required order.

32. On page 20, C.5 Monitoring, Evaluation, and Learning notes MEL Plan, could USAID clarify if the MEL Plan is just in the annex or will pages be allotted in the technical to describe the MEL Plan.

USAID Response: See response to question #15.

33. Could USAID confirm the geographic locations for the project? Does USAID have priority areas in Tanzania and/or Zanzibar to focus on for showing results and scale-up?

USAID Response: See response to questions #7 and #21

34. On page 31 the NOFO instructions requests "A list of three (3) references for each key personnel," would USAID prefer to have the references with each CV as page 3 rather than separate annex?

USAID Response: Please adhere to the instructions stipulated in the NOFO.

35. In the Executive Summary, SBC challenges, alignment with USG priorities, theory of change, and under Sub IR 1.1, "SBC actors" are mentioned. Can USAID define the breadth of SBC actors envisioned? Does this include all actors, from GOT, IPs, local organizations, etc.?

USAID Response: Yes, the list includes all actors from the Government of Tanzania (GOT), implementing partners (IPs), local organizations, and private sector, etc.

36. On page 29 "e) Technical Approach (15 pages maximum) it states, "This matrix should contain the proposed indicators for each intermediate result, indicator type (output, outcome etc.), data source, frequency of data collection, and baseline data." On page 21 under C.5 Monitoring, Evaluation, and Learning, it also states, "The MEL plan must include at least one indicator per activity-level outcome, with baseline values or plans to collect baseline data and annual targets that are ambitious yet realistic." Can USAID clarify if the offeror is expected to have baseline data across IRs, or a combination of baseline data and plans to collect baseline data based on the proposed indicators?

USAID Response: See response to question #15.

37. On page 31, G. MEL Indicator Matrix. Should the indicators be grouped by IR or by behavioral focus?

USAID Response: The Applicants should group the indicators by IRs.

38. On page 20, IR 3, does USAID anticipate GHS as the only focus of this IR or will other areas be considered?

USAID Response: IR 3 includes all health areas, not only global health security (GHS).

39. Could USAID clarify what type of SBC GHS activities should be included and budgeted for in this Activity vs. the recently awarded USAID Tanzania Usalama wa Afya Duniani award.

USAID Response: This being SBC award, expectation is the Applicant will propose GHS SBC interventions to complement USAID Tanzania Usalama wa Afya Duniani activities which don't include SBC activities.

40. On page 18, Sub IR 1.1, the NOFO states "The Activity will also support defining roles and responsibilities of all SBC actors with the aim of minimizing duplication of efforts." Can

USAID please clarify who entails "all SBC actors?" Are they all the actors within HPS and MOH or does this refer to all actors across national, regional and community levels?

USAID Response: See response to question #35

41. One of the outcome indicators for this Activity is an "Increase in GOT capacity to coordinate, finance, manage and track SBC activities as measured by the percentage increase in GOT-managed SBC implementation, monitoring, and evaluation activities." Can USAID clarify the outcome? Is the outcome changes in the government's ability to manage SBC activities or is it the percentage increase in government funding for SBC activities (which is mostly outside the control of this Activity).

USAID Response: The outcomes entails everything including government ability to manage and coordinate SBC activities and ability of the GOT to fund, implement, monitor, and evaluate SBC activities.

42. The indicator "Percentage increase or decrease in the practice of targeted health behaviors and behavioral determinants among people reached with SBC interventions" refers to achieving changes in behaviors and their determinants which will largely depend on government commitment, government availability of financial resources, government staff capacity in SBC, M&E, etc. While this Activity can encourage improvements in health behaviors, much of the achievement of this Activity depends on the government and its commitment to SBC. Is it expected that Activity staff be held accountable for the government's level of commitment?

USAID Response: No, the Activity will not be held for anything outside the scope.

43. Through this Activity, will USAID encourage the GOT to adopt a wide range of SBC approaches (which provides implementers options for increasing the uptake of optimal behaviors but is expensive and time consuming) or is a more limited (potentially less effective but easier to adopt) set of approaches envisioned?

USAID Response: Applicants should propose SBC approaches that will best support the results framework and address the guiding principles of this NOFO.

44. Would USAID consider the use of Program Impact Pathways to complement USAID's results framework?

USAID Response: There is no limitation on complementing USAID's results framework; however, applicants must adhere to all the requirements of the NOFO.

45. Sub-IR 3.1 says "The Activity will implement all SBC interventions at national level to avoid duplication of efforts across partners and stakeholders." Does this mean that *any* SBC activity implemented by the government and/or implementing partners will be scaled up nationally or does it mean that only the most promising SBC approaches (as demonstrated by the programmatic evidence) will be scaled up?

USAID Response: The Activity will be responsible for implementing SBC activities which are approved by the Ministry of Health (MOH). It is not necessary that all SBC activities which are implemented by the government and/or implementing partners should be scaled up nationally by this Activity.

46. In section C.6 (Guiding Principles), USAID mentions that "the Activity's fundamental achievements must be sustained beyond the life of the Activity." Does USAID expect the awardee to demonstrate this? If so, how will this be done after the Activity has ended?

USAID Response: The activity should be designed and implemented with sustainability of processes and outcomes in mind.

47. Could USAID provide more details on the requested Certificate of Compliance.

USAID Response: The Certificate of Compliance is only required if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA). If your organization has not received this certification, then this document does not need to be submitted.

Issue Date: November 7, 2024
Deadline for Questions: November 20, 2024; 17:00 EAT
Closing Date: December 16, 2024 at 17:00 EAT

Subject: Notice of Funding Opportunity Number (NOFO) **72062125RFA00001** Amendment 01

Program Title: USAID Thamini Afya (Value your Health)

Federal Assistance Listing Number: 98.001

Greetings,

The United States Agency for International Development (USAID) is seeking applications for a cooperative agreement from qualified entities to implement USAID/Tanzania activity entitled "USAID Thamini Afya (Value Your Health)". Eligibility for this award is not restricted, see Section B of this NOFO for eligibility requirements.

Subject to the availability of funds and continued relevance of the Activity to USAID's programming, USAID/Tanzania intends to provide up to $16,450,000.00 in total funds to be allocated over a 5-year period to the applicant who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO, subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements, and selection process.

To be eligible for award, the Applicant must provide all information as required in this NOFO and meet eligibility standards in Section B of this NOFO. This funding opportunity is posted on www.grants.gov and may be amended. It is the responsibility of the Applicant to regularly check the website to ensure they have the latest information pertaining to this NOFO and to ensure that it has been downloaded from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Support Center at 1-800-518-4726 or via email at support@grants.gov for technical assistance or if you need assistive technology and are unable to access any material on this site.

Unless an exception in 2 CFR 25.110 applies, applicants must comply with 2 CFR 25 requirements to obtain a Unique Entity Identifier (UEI) and register in the System for Award Management (SAM.gov), as applicable. See Section E, Submission Requirements and Deadlines, for more information. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early.

Please send any questions to usaidtzco@usaid.gov with the point(s) of contact identified in Section A.4 copied. The deadline for questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to this notice posted to www.grants.gov.

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

Thank you for your interest in USAID programs.

Sincerely,

Ashley Burgin
Agreement Officer

Table of Contents

SECTION A: BASIC INFORMATION

A.1 Executive Summary

The goal of the USAID Thamini Afya (Value your Health) Activity ("Activity") is to increase the practice of desired health behaviors by individuals (including healthcare providers), households, and communities by **(IR 1)** strengthening SBC capacity and coordination of SBC actors; **(IR 2)** designing theory-informed, evidence-based SBC interventions; and **(IR 3)** implementing, monitoring, and evaluating SBC interventions nationally and sub-nationally.

To achieve IR 1, this Activity will strengthen the capacity of Government of Tanzania (GOT) counterparts at the national level, the Ministry of Health (MOH)/Health Promotion Section (HPS), Health Programs, and President's Office-Regional and Local Government (PO-RALG), and at the sub-national levels (regional and district levels) to better manage and sustain social and behavior change (SBC) interventions. This Activity will improve SBC coordination systems by ensuring that clear roles and responsibilities of each SBC actor are well defined and strengthen the capacity of GOT actors in managing the interventions. The Activity will also strengthen the SBC technical capacity of the U.S. Government (USG) service delivery partners that support sub-national implementation of SBC interventions at the community and facility levels. To achieve IR 2, this Activity will support design of SBC interventions using best practices, revamping current approved SBC interventions supported by GOT, and ensuring that approved interventions are responsive to the needs of the community and driven by data and evidence. To achieve IR 3, the Activity will implement, monitor and evaluate SBC interventions at the national and sub-national level (as needed).

All SBC interventions in Tanzania must be guided by relevant GOT policies. The Activity will be aligned with the U.S. President's Malaria Initiative Strategy, End Malaria Faster, the PEPFAR 5-year strategy, USAID's priorities in family planning and Global Health Security (GHS) and other relevant U.S policies and strategies. To ensure adequate coordination of SBC activities, GOT will thoroughly review, approve and keep an inventory of all SBC interventions and tools developed under this project before they are disseminated at the national and sub-national levels. This Activity will work closely with other donors and local actors to avoid redundancies or duplication of SBC interventions by defining roles and responsibilities of each actor and ensuring that SBC interventions are well harmonized. This can be achieved by engaging all responsible stakeholders from the government, donors, service delivery partners who are implementing at the community level, and private sector, including media. The Activity will engage and directly involve USG service delivery (USAID and interagency) partners implementing SBC interventions at the sub national/ community level to ensure that designed SBC interventions (which are done at national level) are data driven through incorporating information on the remaining gaps from communities. This Activity will be responsible for collecting, monitoring, and analyzing data from the service delivery partners implementation at the community to inform decisions to be made at national level.

USAID/Tanzania anticipates that this Activity will include a range of health areas such as malaria, maternal health, newborn and child health, global health security, family planning, tuberculosis, emerging diseases, and HIV. It may also address cross-cutting health issues such as WASH and nutrition and others as deemed appropriate.

To ensure that this Activity is achieving the desired results and able to demonstrate meaningful progress, USAID/Tanzania expects at a minimum the following essential outcome/impact level indicators to be monitored:

- Increase in GOT capacity to coordinate, finance, manage and track SBC activities as measured by the percentage increase in GOT-managed SBC implementation, monitoring, and evaluation activities.
- Percentage increase or decrease in the practice of targeted health behaviors and behavioral determinants among people reached with SBC interventions.
- Improved awareness of antimicrobial resistance (AMR) and behavior change among health workers and the general public.

A.2 Estimate of Funds Available and Number of Awards Contemplated

USAID intends to award a Cooperative Agreement pursuant to this Notice of Funding Opportunity (NOFO). Subject to funding availability and at the discretion of the Agency, USAID intends to provide $16,450,000 in total USAID funding over a five-year period.

A.3 Start Date and Period of Performance for Federal Awards

The anticipated period of performance is five (5) years. The estimated start date will be March 2025.

A.4 Agency Point of Contact

Gloria Matau
Acquisition & Assistance Specialist
Email: gmatau@usaid.gov
USAID/Tanzania
686 Old Bagamoyo Road, Msasani
P. O. Box 9130
Dar es Salaam, Tanzania

and

Ashley Burgin
Agreement Officer
Email: aburgin@usaid.gov
USAID/Tanzania

686 Old Bagamoyo Road, Msasani
P. O. Box 9130
Dar es Salaam, Tanzania

A.5 Acquisition and Assistance Ombudsman

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

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

A.6 Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is Code 935 (**any area or country including the recipient country but excluding any country that is a prohibited source)**. 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 this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

[END OF SECTION A]

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SECTION B: ELIGIBILITY

B.1 Eligible Applicants

Eligibility for this NOFO is not restricted.

All U.S. and non-U.S. public, private, for-profit, and nonprofit organizations, as well as institutions of higher education, parochial, and other non-governmental organizations are eligible to submit an application. Further, the organization must be a legally recognized entity under applicable law.

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

Each applicant organization is limited to one application submission as the prime applicant. There is no limitation on being included as a potential sub-awardee. USAID discourages the use of exclusive teaming arrangements.

B.2 Cost Sharing

Cost Sharing is not required for this Activity.

[END OF SECTION B]

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SECTION C: PROJECT DESCRIPTION

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

C.1 Goal

The Activity will support individuals (including healthcare providers), households, and communities to adopt and maintain the practice of desired health behaviors by **(IR 1)** strengthening SBC capacity and coordination; **(IR 2)** designing theory-informed, evidence-based SBC interventions; and **(IR 3)** implementing, monitoring and evaluating SBC interventions nationally and sub-nationally.

The Activity will contribute to the achievement of the development objectives outlined in the USAID/Tanzania Country Development Cooperation Strategy 2020-2025 (CDCS)[1], as well as the USAID Bureau for Global Health's strategic priorities of preventing child and maternal deaths; achieving and sustaining epidemic control; and combating infectious diseases[2].

C.2 Background and Development Challenges

Across health areas, success depends on human behavior. The ability, opportunity, and motivation of individuals (including healthcare providers), households and communities to adopt and maintain the practice of priority behaviors is influenced by individual, social, and structural factors. Evidence-based, theory-informed SBC interventions can support populations to adopt and sustain priority behaviors by addressing the factors that influence those priority behaviors. SBC is defined by the USAID Bureau for Global Health as "a systematic, evidence-driven approach to improve and sustain changes in behaviors, norms, and the enabling environment. SBC interventions address the individual, social, and structural factors[3] that influences the practice of target behaviors. SBC is grounded in several disciplines, including systems thinking, strategic communication, marketing, psychology, anthropology, and behavioral economics".

a. *SBC Challenges*

Tanzania has made remarkable progress in the expansion of primary health care, with services reaching most communities and households in both urban and rural areas. However, despite such significant progress, Tanzania still suffers the double burden of communicable and non-communicable diseases. Early healthcare seeking behaviors at the individual, household

[1] https://www.usaid.gov/tanzania/country-development-cooperation-strategy
[2] https://www.usaid.gov/global-health
[3] https://thinkbigonline.org/action/document/download?document_id=416

and community levels remains a challenge due to individual behaviors, social cultural norms, provider's attitudes and community engagement. Healthcare providers biases, norms and attitudes continue to influence a patient's sustained uptake of services. This often unwelcoming atmosphere and poor communication between providers and patients compounded with barriers such as cultural and traditional factors lead to low utilization of health services.

Appropriate, well coordinated, designed, implemented, monitored and evaluated SBC interventions targeting individual behaviors, social cultural norms, providers' attitudes and community engagement are critical to improving health behaviors towards increase in health services uptake. Over the years, coordination of SBC interventions has remained a key challenge.

Within the public sector, the Health Promotion Section (HPS), which falls under the Ministry of Health (MOH), is responsible for serving as the main national-level government entity overseeing and ensuring the quality of all SBC interventions for health. The government Health Programs under the MOH such as National Malaria Program (NMCP), National TB and Leprosy Program (NTLP), National AIDS, STIs and Hepatitis Control Program (NASHCoP), Reproductive and Child Health Section (RCHS) should be working closely with HPS on SBC design, guidelines and policy development, and monitor implementation of SBC interventions. However, some of the Health Programs often implement their own SBC interventions without working through HPS leading to inefficiencies and inconsistent messaging. Additionally, lack of clear roles and division of responsibilities vertically between national entities, such as MOH, Health Programs, and PO-RALG, and sub-national government entities, such as local government authorities (LGAs) and Regional and Council Health Management Teams (R/CHMTs), further add to fragmentation and create redundancy in efforts.

Additional SBC coordination challenges exist when trying to work with a multitude of stakeholders that involve non-governmental actors such as civil society and the private sector. The expertise and interests of the government, private sector, and civil society must be taken into account in determining who plays what role. Actors from these sectors must work together to build and operationalize a sustainable SBC framework. Although government stewardship of the process is critical, the private sector must be incentivized and be given the latitude to play a more significant role in creating a sustainable outcome. Private media houses, printers and publishers, professional organizations, community-based organizations, faith-based organizations, and civil society organizations will need to collaborate and coordinate interventions with the MOH and other relevant ministries.

Limited technical and management capacity of the MOH/HPS, PO-RALG, and Health Programs hinder SBC interventions at all levels. Although there have been improvements in recent years such as the design of integrated NAWEZA and SITETEREKI platforms and the FURAHA YANGU campaign, some government health programs still rely on outdated and sub-optimal approaches such as Information, Education and Communication (IEC). Designing targeted and effective SBC based on evidence remains a challenge with limited capacity to monitor and evaluate interventions.

In sum, the existing SBC key challenges in Tanzania include: (1) lack of strong coordination of SBC interventions at the national, regional and local government levels, including across sectors; (2) lack of clear roles and responsibilities of SBC actors; (3) limited GOT technical and management capacity to manage SBC interventions at all levels; (4) lack of capacity to design theory-informed, evidence-based SBC interventions; (5) lack of capacity to implement, monitor and evaluate SBC interventions at different levels; (6) limited engagement of the private sector; and, (7) inadequate use of data for decision making.

These challenges impact the quality, efficiency, effectiveness, and sustainability of SBC interventions and limit synergies of SBC interventions implemented by the various health programs, such as malaria, HIV/AIDS, TB, among others. A well coordinated SBC activity is needed to assure quality SBC interventions align with national strategies and program standards. In this regard, this Activity will play a pivotal role in strengthening systems and processes that improve quality and enhance coordination of SBC activities at national and subnational levels, across different disease areas.

b. Health Sector Challenges

Global Health Security

Global Health Security (GHS) focuses on building a country's capacity to prevent, detect, and respond to emerging infectious disease threats with a One Health lens - at the intersection of human, animal and environmental health. SBC strategies have been used in disease prevention, risk mitigation and response to strengthen risk communication and community engagement (RCCE). Disease prevention and risk communication have been critical for addressing the behavioral and social aspects of health risks that precede and follow a public health emergency. To maintain the gains made during the COVID-19 response and to address the persisting gaps, SBC approaches must be integrated into the preparedness and response agenda from the outset. In addition, a priority area is to reduce antimicrobial resistance (AMR) and improve infection prevention control (IPC), thus further elevating the importance of targeting healthcare providers (of both animals and people) within GHS. In clinical settings in Tanzania, the prevalence of multidrug-resistant (MDR) bacteria ranges from 25% to 50%. About two-thirds of isolates from wound infections at Muhimbili National Hospital were found to be MDR. Limited sporadic studies conducted to assess hand hygiene standards among healthcare providers revealed low compliance ranging between 6.9% and 24%, whereas compliance in using alcohol rub was 41%. Both AMR and the spread of infections are rooted in a lack of awareness and harmful practices, so RCCE can play a key role in helping to mitigate their impacts.

Family Planning and Reproductive Health

Modern Contraceptive Prevalence Rate (mCPR) in Tanzania has slightly decreased from 32 percent in 2015-16 (2015-2016 Tanzania Demographic and Health Survey and Malaria Indicators

Survey [2015-2016 TDHS-MIS])[4] to 31 percent in 2022. More married women (32%) in Tanzania mainland use modern methods of family planning than their counterparts in Zanzibar (17%) (2022 TDHS-MIS)[5]. According to the 2022 TDHS-MIS, the unmet need for family planning remains high at 21 percent, with marked geographical variations. Though nearly all married women and men aged 15-49 years (98%) report having knowledge about modern contraceptive methods, this has not translated into a high rate of contraceptive use, especially among all women where we see a contraceptive prevalence of 31 percent. Among married women, the contraceptive prevalence is 38 percent and among sexually active unmarried women, it is at 45 percent (2022 TDHS-MIS). Demand for family planning among currently married women aged 15–49 in Tanzania has slightly decreased from 61 percent in 2015–16 (2015-2016 TDHS-MIS) to 59 percent in 2022 (2022 TDHS-MIS). Utilization of family planning and reproductive health services is influenced by a range of factors including social-cultural beliefs and practices, gender norms and dynamics (including intra household decision making), gender inequality, healthcare provider biases, intimate partner and gender-based violence, knowledge and attitudes, and access to services. Improving family planning and reproductive health in Tanzania requires SBC interventions that address these factors and create an enabling environment for family planning and reproductive health promotion, demand creation and uptake.

HIV

The UNAIDS 95-95-95 targets for 2025 call for 95 percent of all people living with HIV to be aware of their HIV status, 95 percent of those aware of their status to be on antiretroviral treatment (ART), and 95 percent of those on ART to achieve viral load suppression (VLS). On a national level, Tanzania has met the second of the three targets ahead of 2025, demonstrating access to and uptake of robust treatment programs among those who are aware of their HIV-positive status.

Tanzania has made remarkable gains since the 2016-2017 Tanzania HIV Impact Survey (2016-2017 THIS)[6], in which progress toward UNAIDS 95-95-95 targets was at 61 percent, 94 percent, and 87 percent. Notably, the 2022-2023 Tanzania HIV Impact Survey (2022-2023 THIS)[7] estimated that among people aged 15 years and older living with HIV in Tanzania, only 83 percent are aware of their status while 98 percent of those who are aware of their HIV status are on ART, and 94 percent of those on ART are virologically suppressed. However, disparities exist by sex and across age bands and regions. Among adults who know their HIV status, 85 percent are women and 78 percent are men (2022-2023 THIS). The 2022-2023 THIS also showed that viral load suppression among all adults living with HIV was 78 percent (81 percent among women compared to 72 percent among men). Younger adults were less likely to achieve viral load suppression than older adults.

[4] https://dhsprogram.com/pubs/pdf/FR321/FR321.pdf
[5] https://dhsprogram.com/pubs/pdf/PR144/PPR144.pdf
[6]https://phia.icap.columbia.edu/wp-content/uploads/2020/02/FINAL_THIS-2016-2017_Final-Report__06.21.19_for-web_TS.pdf
[7] https://phia.icap.columbia.edu/wp-content/uploads/2023/12/THIS-SS_5DEC2023.pdf

There are also marked variations in HIV prevalence by age, sex, and region, with a higher prevalence among women and in certain regions of mainland Tanzania. HIV prevalence is below one percent in all the regions of Zanzibar. Enhanced case finding by addressing behavioral and structural barriers among populations who are unaware of their HIV-positive status or outside of the care system remains an important program intervention to address gaps in the first 95.

The 2022 TDHS results show that less than half of women and men (42% and 38%, respectively) aged 15–24 have comprehensive knowledge of HIV prevention. Closing these gaps and others will require addressing these factors and others such as social norms and stigma through targeted SBC and innovative applied behavioral science interventions. These approaches will help to "move the needle" toward epidemic control and to complement structural interventions such as differentiated service delivery.[8]

In Tanzania, cervical cancer ranks first in both incidence and mortality, accounting for 24.2% of new cancer cases and 23% of cancer-related deaths in 2022 (Global Cancer Observatory, 2022). More than 99% of cases of cervical cancer are caused by infection with human papillomavirus (HPV); and the HPV vaccine can prevent up to 90% of all cervical cancer cases. Women living with HIV (WLHIV) are at higher risk of persistent HPV infection and are six times more likely to develop precancerous lesions that advance to cervical cancer. As part of USG's Go Further Ending AIDS and Cervical Cancer, SBC approaches should be used in improving demand creation for screening and testing of precancerous lesions among women living with HIV (WLHIV) aged 18 and above.

Malaria

Human behavior, including use of insecticide treated nets (ITN), care-seeking for fever, attendance at antenatal care (ANC) clinics, use of intermittent preventive treatment of malaria in pregnancy (IPTp), and adherence to national guidelines by healthcare providers, is critical to achieving malaria control and elimination objectives. In Tanzania, the prevalence of these behaviors among priority populations varies, as do the individual, social, and structural factors that influence these behaviors. The 2022 TDHS-MIS indicated that on the mainland, 64% of children and 66% of pregnant women slept under an ITN the night before the survey, care was sought for 78% of children under five with fever, 65% of women attended the recommended four ANC visits during their last pregnancy, and 60% of women received two or more doses of IPTp during their last pregnancy in the two years preceding the survey against the recommended standard by NMCP which is 85% by 2025. In Zanzibar, the 2022 TDHS-MIS indicated that 66% of children and 66% of pregnant women slept under an ITN the night before the survey, care was sought for 81% of children under five with fever, and 79% of women attended four ANC visits during their last pregnancy. In 2022, the U.S. President's Malaria Initiative[9] supported the implementation of the Malaria Behavior Survey (MBS)[10] to better understand the factors that

[8] 2022-2023 THIS
[9] www.pmi.gov
[10] https://malariabehaviorsurvey.org/

influence the practice of these behaviors. According to the mainland MBS, the following behavioral factors were associated with consistent ITN use: perceived self-efficacy, favorable attitudes towards net use (aOR 2.98, p-value <0.0001), and supportive descriptive community norms (aOR 2.26, p-value <0.0001). Similar results were found in Zanzibar: perceived self-efficacy (aOR 6.09), favorable attitudes toward net use (aOR 3.36), supportive descriptive community norms (aOR 2.15), favorable attitudes (aOR 1.67), and perceived susceptibility (aOR 1.43) were associated with consistent ITN use. The survey report for mainland Tanzania[11] and survey report for Zanzibar[12] include similar data for factors influencing other priority malaria behaviors.

Maternal, Newborn, and Child Health

Tanzania has made significant strides in maternal and child health (MCH) indicators. The percentage of women who had the recommended four or more ANC visits increased from 38 percent in the 2010 TDHS to 48 percent in the 2015–16 TDHS-MIS and 65 percent in the 2022 TDHS-MIS. The percentage of women who sought ANC during the first trimester also increased from 22 percent in the 2015–16 TDHS-MIS to 34 percent in the 2022 TDHS-MIS. Over the same period, infant mortality declined from 43 to 33 deaths per 1,000 live births, while neonatal mortality remained basically unchanged, decreasing slightly from 25 deaths per 1,000 live births to 24 in 2022 (TDHS)so much efforts are needed on newborn health

However, the 2022 TDHS-MIS showed a decrease in the percentage of women who received ANC from a skilled provider for the most recent live birth. Moreover, there are vast disparities, pointing to inequalities attributed to financial, geographical, educational, and social-cultural factors. Urban areas are expected to have lower early childhood mortality than rural areas due to better education, living conditions, and access to health facilities with well-trained healthcare providers. Contrary to that expectation, neonatal, infant, and under-5 mortality rates are higher among children in urban areas than among those in rural areas.

Disrespectful care and delays in accessing care are major contributors to MNCH morbidity and mortality. The World Health Organization (WHO) identifies gender as a key parameter of health. Gender inequalities often result in health risks for women and girls, and addressing these inequalities using SBC approaches help better understand how unequal power relations contribute to poor health-seeking behaviors and negative health outcomes.

Tuberculosis

Tanzania has experienced a 17% reduction in TB incidence from 2018 to 2022 (Global Tuberculosis Report 2023). This is attributable, partly, to a significant decrease in the incidence of TB among people living with HIV as a result of increased access to ART with coverage above

[11]https://malariabehaviorsurvey.org/wp-content/uploads/2024/01/mainland-Tanzania-MBS-Report-2023Dec-INTERIM.pdf
[12]https://malariabehaviorsurvey.org/wp-content/uploads/2022/11/Zanzibar-Low-Transmission-MBS-Report-En.pdf

80% among all people living with HIV 15 years and above (THIS 2022-2023). Geographical variations in TB notifications rates exist due to regional population size, the magnitude of attributable factors (HIV, poverty and malnutrition, smoking, Diabetic Mellitus and alcohol abuse), and access and utilization of health services. In 2022, Dar es Salaam and Dodoma (urban areas/cities); Arusha, Geita, Shinyanga, Manyara, Singida and Mara (large population of artisanal miners) had the highest TB notifications. Program data in 2022 shows that the highest TB notifications are among the age groups 25-34 (18%) and 35-44 (16.6%) years. Similarly, 1.8% and 1.2% of the TB notifications in 2022 were among miners and prisoners respectively. Males continue to top the proportion of TB notifications in 2022 at 59% of all the notifications. TB treatment success rates have been sustained at above 90% since 2018. However, two regions (Mbeya and Tabora) accounted for more than 5% TB deaths in the 2021 cohort (unpublished TB routine program data).

C.3 Relationship to USG and GOT priorities

c. *Alignment with USG Priorities*

This Activity is critical to the achievement of USAID/Tanzania's Country Development Cooperation Strategy (CDCS) for 2020 - 2025[13]. In particular, this Activity, through Development Objective (DO) 3, will strengthen the capacity of national level government counterparts including MOH, PO-RALG, government Health Programs and sub-national governments at the regional and district levels to lead sustainable SBC interventions by improving coordination and define clear roles and responsibilities of all SBC actors in the SBC process. This Activity will also strengthen the capacity of service delivery partners implementing SBC activities at sub-national level.

The Activity will also support DO2 "Empowerment, productivity and engagement of Tanzanians aged 15 to 35 increased" by improving their health, which will enable young Tanzanians to live healthier lives, and thus spend less time and money on health care expenses. Through expanding and developing the skills of healthcare workers, and using evidence-based approaches to increase access, quality, and use of health services, young Tanzanians will be empowered to take ownership of their wellbeing. The Activity will also support DO1 "Foundational Skills of Children Below Age 15". The availability of quality health services is not always enough to improve access to quality care; changing the health-seeking behaviors of individuals and communities, as well as the norms that underpin those behaviors is necessary. As such, improved SBC strategies are essential for increasing optimal health practices, demand for services and products, and ultimately, increase the use of services. Interventions will equip communities, faith leaders, influential people, families, and healthcare workers with the right skills and information to maximize access to and use of quality pediatric services that improve the health of children.

[13] https://www.usaid.gov/tanzania/country-development-cooperation-strategy

The Activity is also aligned with the U.S. President's Malaria Initiative Strategy, End Malaria Faster; the PEPFAR strategy, Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030[14]; Go Further Partnership to End AIDS and Cervical Cancer, USAID Global Tuberculosis Strategy 2023-2030 [15]; and Primary Impact[16]. The Activity is aligned with USAID's priorities in family planning[17] and GHS[18]. The Activity should adhere to the guidance outlined in the PMI Technical Guidance[19] . The Activity is aligned with The 2023 Gender Equality and Women's Empowerment Policy (Gender Policy)[20].

d. Alignment with USAID/Tanzania Investments

This Activity should build on accomplishments and lessons from previous and ongoing USAID/ Tanzania investments in SBC, which include the following:

- *Breakthrough ACTION Tanzania* is a three-year (2022-early 2025) activity that has provided technical assistance to the GOT (MOH/HPS, Health Programs, and PORALG) to improve the policy and implementation framework for SBC. It also supported design of all SBC interventions, and implementation, and monitoring at the national and sub-national level (regions and districts). The activity has provided training to build the technical capacity of staff from HPS, PORALG and LGA. The activity has also focused on integrating SBC approaches across health areas such as reproductive health/family planning, MNCH (including nutrition), HIV, malaria, tuberculosis (TB), and other infectious diseases as needed.
- *USAID Tulonge Afya (Let's Talk Health)* was a five-year (2017-2022) activity that catalyzed opportunities for Tanzanians to improve their health status by transforming socio-cultural norms and supporting the adoption of healthier behaviors. USAID Tulonge Afya identified the drivers of health behaviors and leveraged social, and behavior change communication (SBCC) and other mutually reinforcing approaches to improve the ability of individuals to practice the priority behaviors. It also initiated community platforms and structures to begin to coordinate and implement SBCC interventions.

USAID/Tanzania has also invested in a number of service delivery mechanisms to support implementation of SBC activities at the community and facility level. This Activity should provide technical assistance, as needed, to current USG service delivery mechanisms and may need to collaborate with other USG activities working in non-health sectors to reach the desired beneficiaries.

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[14] https://www.state.gov/pepfar-five-year-strategy-2022
[15]https://www.usaid.gov/global-health/health-areas/tuberculosis/resources/publications/usaid-global-tuberculosis-strategy-2023-2030
[16]https://www.usaid.gov/global-health/health-systems-innovation/health-systems-strengthening/primary-health-care
[17] https://www.usaid.gov/global-health/health-areas/family-planning
[18] https://www.usaid.gov/global-health/health-areas/global-health-security
[19] https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2023/02/PMI-FY-2024-Technical-Guidance.pdf
[20] https://www.usaid.gov/sites/default/files/2023-03/2023_Gender%20Policy_508.pdf

Current mechanisms include, but are not limited to:

- USAID Afya Yangu (My Health) Northern (2021-2026).
- USAID Afya Yangu (My Health) Southern (2021-2026).
- PMI Shinda (Defeat) Malaria (2022-2027).
- PMI Dhibiti (Control) Malaria (2022-2027).
- USAID Afya Yangu - Mama na Mtoto (Mother and Child) (2022-2027).
- USAID Uzazi Staha (Respectful Maternal Care) (2020-2025).
- Meeting Targets and Maintaining Epidemic Control (EpiC)
- USAID Afya Shirikishi (Participatory Health) (2020-2025)

Deliverables from previous USAID/Tanzania SBC investments and service delivery mechanisms are available on the USAID Development Experience Clearinghouse[21].

e. *Link with GOT Priorities*

USAID/Tanzania expects this Activity to be consistent with the following mainland MOH and Zanzibar MOH documents:

a. Health Sector Strategic Plan V (HSSP V) 2021 -2026[22]
b. National Malaria Strategic Plan 2020-2025[23]
c. Zanzibar Health Sector Strategic Plan IV
d. National Social and Behavior Change & Advocacy Strategy for Malaria Interventions 2021-2025[24]
e. Zanzibar Malaria Social and Behavior Change Strategy (2024-2029)
f. National Tuberculosis Strategic Plan VI 2020-2025[25]
g. Tanzania National Family Planning Costed Implementation Plan (2019-2023)[26]
h. The National HIV and AIDS Advocacy and Communication Strategy
i. National One Health Strategic Plan 2022-2027
j. National Action Plan for AMR 2023-2028
k. National Action Plan for Health Security 2017-2021 (currently under revision)

C.4 Results

a) Theory of Change

[21] https://dec.usaid.gov/dec/home/Default.aspx
[22] https://extranet.who.int/countryplanningcycles/planning-cycle-files/health-sector-strategic-plan-hssp-v-2021-2026
[23] http://api-hidl.afya.go.tz/uploads/library-documents/1641210939-jH9mKCtz.pdf
[24] www.nmcp.go.tz/storage/app/uploads/public/643/90b/da8/64390bda839ac599662656.pdf
[25] https://ntlp.go.tz/site/assets/files/1080/national_tuberculosis_and_leprosy_strategic_plan_vi_final_version.pdf
[26]https://tciurbanhealth.org/wp-content/uploads/2019/07/National-Family-Planning-Costed-Implementation-Plan-2019-2023-INSIDE-%E2%80%A2-F....pdf

As illustrated in Figure 1 below, the theory of change for the Activity is **IF** SBC interventions are well coordinated and capacity of SBC actors are strengthened, **IF** SBC interventions designed are evidence-based and address the factors that influence desired health behaviors, **IF** SBC interventions are implemented well and at scale, and **IF** SBC data are collected, analyzed and used for decision making, **THEN** individuals, households, facilities, and communities will practice desired health behaviors.

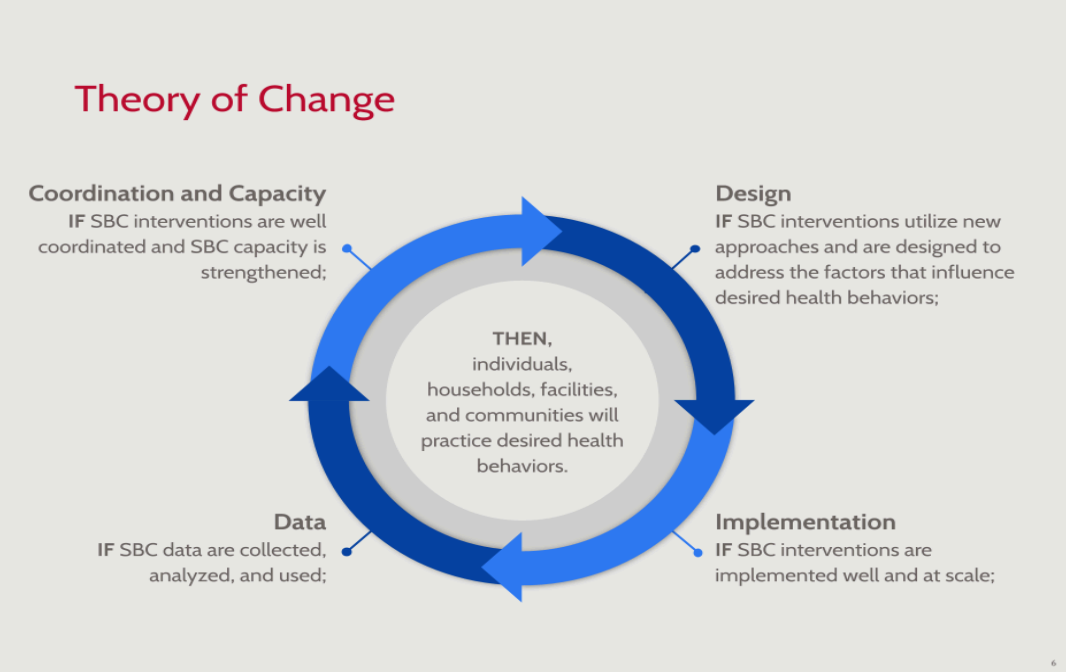

Figure 1: USAID Thamini Afya (Value Your Health) Theory of Change

b) Result Framework

As shown in Figure 2 below, the goal of the Activity is to increase the practice of desired health behaviors by individuals (including healthcare providers), households and communities. To achieve this goal, the IRs, and sub-IRs are listed in the results framework below. All of the activities supported by the Activity should be suited to the Tanzania context and responsive to GOT needs and build on USAID/Tanzania investments.

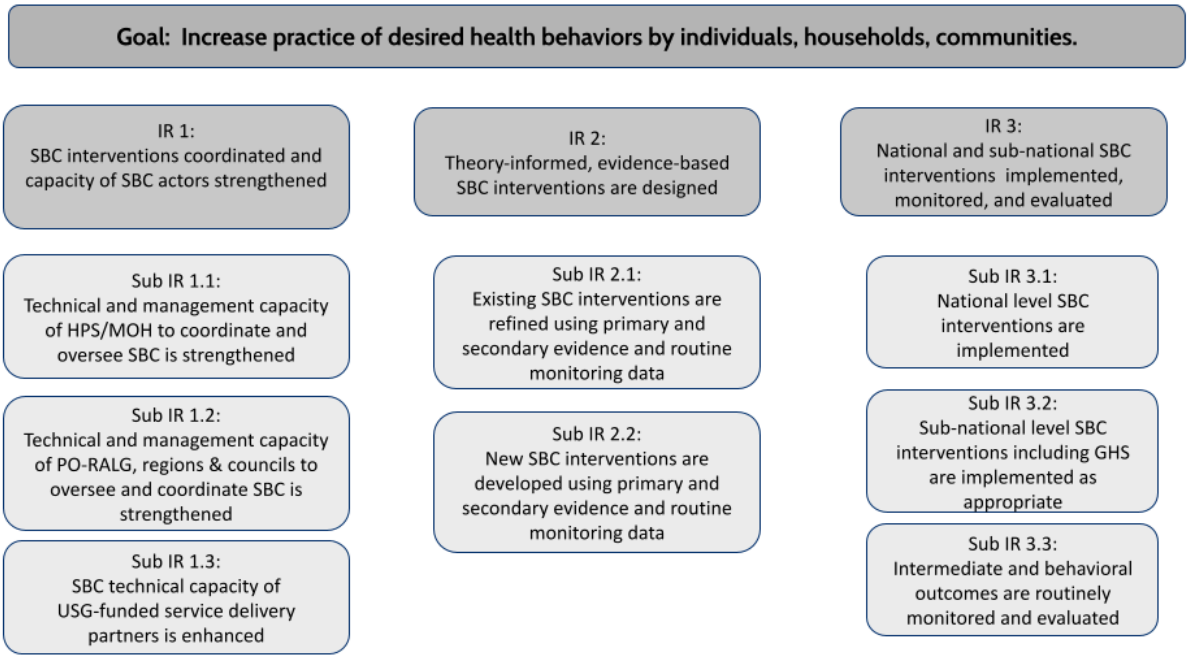

Figure 2: USAID Thamini AFya (Value Your Health) Results Framework

To achieve the goal, IRs, and sub-IRs outlined in the results framework above, the Activity should use theory-informed, evidence-based SBC best practices as well as evidence uptake, capacity strengthening, and system strengthening best practices. Across all IRs, the Activity should explore, and where goals and values align, leverage private companies to spur innovation, efficiencies, and foster sustainability.

Intermediate Result 1

Specifically, for IR 1, the Activity will support coordination of SBC interventions by helping GOT to solidify the roles and responsibilities of the various government entities involved and operationalize them through the various national and sub national platforms including the national task teams which are made up of GOT counterparts from MOH, PO-RALG, Health Programs, donors, and service delivery partners, regional and district task teams.

a) Sub IR 1.1

The Activity will provide technical assistance to HPS of the MOH and the government Health Programs to better coordinate SBC interventions in the country. The Activity will also support defining roles and responsibilities of all SBC actors with the aim of minimizing duplication of efforts.

b) Sub IR 1.2

The Activity will provide technical assistance to PO-RALG, as well as local government health authorities, such as Regional and Council Health Management Teams (R/CHMTs) to better coordinate and implement SBC activities at health facilities and community levels.

c) Sub IR 1.3

The Activity will strengthen the capacity of USG service delivery partners to implement quality SBC interventions at the community and facility levels in their respective regions. In order to minimize duplication of USAID efforts, the Activity will be responsible for monitoring SBC interventions conducted by the USG service delivery partners through conducting joint supportive supervisions and providing mentoring when needed. The Activity will also be responsible for engaging and involving the USG SBC service delivery partners in all the national level SBC meetings for the partners to share available gaps and challenges in the community.

Intermediate Result 2

The Activity will support design of theory-informed, evidence-based SBC interventions using best practices, revamping SBC interventions supported by GOT, and ensuring that approved interventions are responsive to the needs of the community. To achieve this, the Activity is expected to work with all SBC stakeholders led by HPS/MOH to refine existing SBC interventions based on latest evidence from monitoring and other data. This will ensure that approaches are addressing relevant behavioral determinants and that USG service delivery partners are leveraging existing government platforms such as SITETEREKI (Unshakable), NAWEZA (I can) or the national-level HIV campaign FURAHA YANGU (My Happiness) to maximize consistency and economies of scale. New SBC interventions can be developed and co-created when there are relevant gaps to fill, such as to address additional priority behaviors, behavioral determinants, or target audience, to test a new approach such as a nudge based on behavioral economics, or when there is an outbreak of a disease or condition. Target populations, communities, USG service delivery partners and other stakeholders should be engaged in the design process. The Activity should support HPS/MOH to coordinate the stakeholders that need to be engaged for designing SBC interventions. Implementation modalities will be defined with inputs of USG service delivery partners. Innovative, cost effective and easy to implement interventions to reduce bias, foster empathy, increase compliance to treatment protocols and improve person-centered care among healthcare providers should be considered. Given the existence of SBC initiatives that have been tried and tested in the Sub-Saharan African region, it is anticipated that this Activity will conduct appropriate landscape analysis and make recommendations for adoption and adaptation to the Tanzanian context.

a) Sub IR 2.1

The Activity will ensure that existing SBC interventions are refined and adopted using primary and secondary data. Data coming from the health facility and community levels through USG service delivery partners and other sources should be used to refine existing SBC interventions.

b) Sub IR 2.2

The Activity will ensure that new SBC interventions are developed as needed in other health areas using primary and secondary data. The design should incorporate data from the community and other sources. In designing new interventions, the Activity must work with HPS/MOH as a lead and ensure that other stakeholders managing SBC are engaged including community and private sector.

Intermediate Result 3

The Activity will be responsible for implementation, monitoring, and evaluation of SBC interventions at national, and at sub-national levels to support GHS SBC implementation and as needed for example in case of disease outbreaks.

a) Sub IR 3.1

The Activity will implement all SBC interventions at national level to avoid duplication of efforts across partners and stakeholders, access economies of scale in mass or social media or address social and behavioral determinants that cut across health areas such as norms, stigma and discrimination or agency. This national level implementation will serve to create an enabling environment and reinforce SBC interventions taking place at the community or facility level.

b) Sub IR 3.2

The Activity will implement SBC interventions sub-nationally at the community and facility level for all global health security (GHS) interventions and for other health areas, as needed. There are currently no USG service delivery partners that are implementing SBC interventions for global health security sub-nationally at the community or facility levels. The Activity will also implement SBC interventions at sub-national level in the cases of new disease outbreaks as needed.

c) Sub IR 3.3

The Activity will support data collection (and coordination of data collection), analysis, and dissemination for the monitoring of intermediate outcomes (the behavioral determinants) and behavioral outcomes to support GOT, communities, stakeholders and partners to make evidence-based, data-driven decisions about strategies and operational plans. While ensuring adequate reach and coverage of targeted populations is essential, monitoring, evaluation and learning efforts will need to go beyond measuring these process indicators. Monitoring relevant behavioral determinants and behavioral outcomes and assessing the effect of SBC on service uptake are critical to ensure sustained investments in SBC across health areas. The Activity may need to collect data for monitoring and evaluation purposes; however, where possible, existing data and data collection approaches should be used. While impact evaluations may not be possible, if necessary, the use of complexity-aware monitoring methods should be considered where appropriate to support stakeholders and partners to untangle cause and effect relationships.

C.5 Monitoring, Evaluation, and Learning

The Activity is expected to develop a Monitoring, Evaluation, and Learning (MEL) plan for review and approval by the USAID/Tanzania Agreement Officer's Representative (AOR). The MEL plan should consider including indicators for each level of the results framework, including goal, IRs, and sub-IRs. The MEL plan must include at least one indicator per activity-level outcome, with baseline values or plans to collect baseline data and annual targets that are ambitious yet realistic. The MEL plan and reporting must include data and frequency in accordance with USAID Tanzania standards. Additional requirements or sections that are strongly recommended include an evaluation plan, a plan for learning and adapting throughout the life cycle of the Activity, plans for collecting, analyzing, storing, and ensuring quality of data, resources required for all planned MEL activities, information on roles and responsibilities for all MEL activities, and a plan for gathering feedback from the community. USAID/Tanzania will provide full requirements for the MEL plan at the outset of the Activity. The approved MEL plan will guide all monitoring, evaluation, and learning activities conducted by the Activity.

In the context of SBC in Tanzania, digital tools, including Artificial Intelligence (AI), may play a crucial role in MEL. The MEL plan must identify solutions for safe and ethical data acquisition for any digital data collection, dissemination, analysis, and reporting. Additionally, sustainable platforms (including DHIS2) and digital tools should be identified to maximize the long-term impact of the Activity. This includes increasing connectivity and networking among users, deploying safe and cost-effective digital and virtual platforms to enhance the efficiency and sustainability of SBC interventions.

C.6 Guiding Principles

a) Private Sector Engagement

This Activity should engage the private sector in SBC interventions with the objective of drawing in private sector expertise, increasing scale, and sustaining the gains. USAID recognizes that the private sector is critical to driving and sustaining outcomes capable of moving countries beyond the need for donor assistance. USAID is undertaking a major cultural and operational transformation to expand its engagement with the private sector to achieve outcomes of shared interest and shared value. This Activity should endeavor to facilitate the identification of the GOT's and private sector's shared interests in SBC endeavors and the articulation of objectives, areas of responsibility and resource contributions of both parties. It will require mutual appreciation of market constraints and opportunities and of longer-term socio-economic goals that are being pursued by the government. As market-based solutions by the private sector partners become more commercially viable, the private entities have more financial incentive and ability to scale operations, which increases the sustainability of the intervention and decreases the need for donor support over time. An alternative and more viable model, known as the corporate shared values approach, focuses on developing a partnership that increases the company's core competitive standing in the market by collaborating in, for example, implementing SBC interventions.

b) Sustainability

USAID defines sustainability as a country's ability to plan, finance, and implement solutions to solve its own development challenges. Sustainability has been characterized by two mutually reinforcing factors: local capacity and commitment. Commitment is defined as the degree to which a country's laws, policies, actions, and informal governance mechanisms, such as cultures and norms that support progress towards sustainability. Capacity is defined by a country's ability to efficiently and effectively manage the human, financial, and technical resources it must have to meet its public health goals. Effective development partnerships are characterized by a collective shared vision between funders and local actors, common definitions of success, shared contribution of resources, and mutual accountability to communities and beneficiaries.

The foundational assumption is that the capacity strengthening to HPS/MOH, Health Programs, PO-RALG, regional, and council levels in supporting SBC interventions in the country with a framework of accountability will result in sustainable achievements that will far outlast the period and level of USAID/Tanzania investment.

The Activity's fundamental achievements must be sustained beyond the life of the Activity. The Applicant must include local stakeholders, including the GOT and all relevant business stakeholders to seek sustainable solutions. The implementation of the core objectives must consistently reflect sustainability as the end goal of USAID assistance. Sustainability in this case is defined by HPS/MOH being able to better coordinate SBC interventions, have capacity to manage SBC interventions, and are able to design and monitor theory-informed and evidence-based SBC interventions in the country. Other SBC actors including Health Programs, PO-RALG, regional, and council levels understand their SBC roles and responsibilities to minimize duplication of efforts. With this in mind, for Years 4 and 5 of the award, the Applicant must provide a Sustainability Plan as an annex to its Annual Implementation Plan (i.e., work plan).

c) Strategic Partnerships, Collaboration, and Coordination

In order to increase the impact of SBC in Tanzania, through this Activity, USAID/Tanzania will continue to support coordination of SBC activities with the GOT and other key stakeholders, including USG service delivery partners. The current and upcoming SBC support focuses on coordinating the wide range of partners active in SBC at the national and sub-national levels in a way that results in measurable social and behavior change for health.

While this Activity will work with the relevant health area programs and PO-RALG, the Activity's main focus is expected to work directly with HPS/MOH to support it in its leadership role of SBC coordination.

USAID is committed to a multi-faceted collaborating, learning, and adapting (CLA) approach to development. The Activity will establish strong and active collaboration and coordination between members of the target populations, communities, regional and council governments, private sector entities, local organizations, professional organizations, community-based

organizations, faith-based organizations, civil society organizations, media organizations, MOH, and other relevant ministries, other USG-funded activities, and other development partners. Opportunities for collaboration and coordination include but are not limited to co-creation, joining planning and management, joint monitoring, and joint supportive supervision.

d) Coordination with Service Delivery

SBC must be coordinated with USG service delivery partners and other partners. The Activity must work collaboratively and synergically with USG service delivery partners including interagency service delivery partners. The Circle of Care[27] model provides a useful framework for the role of SBC before, during and after services are provided. As described below, the Activity's engagement with USG service delivery partners will depend on the health area and geographic focus area (especially for interagency service delivery partners). The Activity will engage and directly involve USG service delivery partners implementing SBC interventions at the sub national/ community level to ensure that designed SBC interventions are data driven through incorporating information on the remaining gaps from communities where the service delivery partners are implementing. This Activity will be responsible for collecting, monitoring, and analyzing data from the service delivery partners implementation at the community to inform decisions to be made at national level.

e) Integration

As previously mentioned, USAID/Tanzania anticipates that the Activity will include buy-ins from multiple health areas, including malaria, HIV, TB, family planning and reproductive health, MNCH and GHS. Where logistically possible and technically feasible, the Activity should explore the design and implementation of integrated SBC interventions including continuing to support current existing integrated SBC interventions, such as NAWEZA (I Can) and SITETEREKI (Unshakable) platforms which integrate different health outcomes. This Activity needs to ensure that the existing platforms that were developed with USAID funding are maintained, and if need be, revamped to respond to community needs. As advised and when need be, SBC integration can be carried out by segmenting priority populations and designing SBC interventions according to life stage (e.g., adolescents and young adults), addressing shared behavioral determinants (e.g., gender norms), or leveraging gateway behaviors (e.g., ANC visits) to name a few commonly used approaches. An additional method may be to integrate SBC interventions for priority health behaviors into other sectors including education, environment, WASH or agriculture. However, where it is not logistically possible or technically feasible, SBC interventions focused on a single health area are acceptable, for example the HIV FURAHA YANGU (My Happiness).

f) Leveraging SBC Best Practices

Tanzania still needs to improve capacity in the design, implementation, monitoring, and evaluation of SBC interventions. USAID/Tanzania embraces and insists on the use of a theory-informed and evidence-based SBC, meaning SBC interventions should be designed to

[27] https://breakthroughactionandresearch.org/circle-of-care-model/

address the internal, social, and structural factors identified through formative research that influence the practice of the priority behaviors among members of the target audience. The Activity should extend beyond conventional practices, such as awareness raising through health promotion and communication and a sole focus on messaging, to encompass a broader range of methods. These include human-centered design (HCD), community engagement, behavioral economics, provider behavior change, tracking rumors and managing infodemics, facilitating peer-to-peer support, and leveraging digital media platforms. An iterative process using co-creation with members of target populations and stakeholders, or, at minimum, pre-testing, is expected. Given the quickly evolving field of AI including machine learning, the Activity will need to identify opportunities for leveraging its potential for data analysis, predictive modeling, tailored interventions and other applications as feasible and responsibly, ethically and programmatically appropriate.

g) Integration of Gender, Youth and Social Inclusion

The Activity must ensure that the interventions prioritize the meaningful representation, participation, and capacity building of underserved, disadvantaged, and marginalized populations. This includes women, men, girls, boys, youths, and individuals from diverse backgrounds, including racial, ethnic, and religious minorities, and persons with disabilities. All efforts will align with USAID's policies on inclusive development, gender equality, women's empowerment, and diversity, equity, inclusion, and accessibility (DEIA), as well as with positive youth development approaches. Interventions should create equitable opportunities and foster inclusive environments at all levels of programming and decision-making.

C.7 Related Analyses

a) Gender and Youth Analysis

Gender equality and women's empowerment are essential for achieving USAID's development goals. The Women's Entrepreneurship and Economic Empowerment (WEEE) Act requires that all USAID strategies, projects, and activities be shaped by gender analyses, that gender equality and women's empowerment be integrated across the program cycle, and that standard indicators are used to assess progress. The design process for this activity was informed by gender analysis completed in May 2024.

Some of the findings in the analysis show that knowledge about where to access family planning (FP) services is high among women and girls. However, notable barriers, such as fear of side effects, stigma, and partner beliefs, result in reduced healthcare-seeking behaviors. The analysis also uncovers issues related to household decision-making and resource control, which predominantly lie with men. These dynamic influences when children are taken to health clinics and affects women's residency within households, among other factors.

The Activity will implement interventions that integrate efforts to address the gender inequalities across all the result areas. Such component would include;

- Implement interventions that explicitly seek to shift gender norms which are more effective in improving health outcomes than those that do not.
- Interventions that promote greater female leadership in SBC initiatives by providing targeted mentorship and strengthening the capacity of women in these roles.
- Lastly, the Activity is expected to conduct a detailed gender analysis at an early stage of implementation and to use findings to inform activity implementation. They must describe integrated activities to ensure that activities are reducing gender gaps that were identified in the gender analysis, and must clarify how these activities will be designed to address the unique needs and interests of men and women

b) Environmental Analysis

The environmental analysis for this Activity is based on the current Health Initial Environmental Examination (IEE) for all health-related activities which was approved on February 2, 2022 and expires in 31 January 2027 (https://ecd.usaid.gov/repository/pdf/54590.pdf). This Health IEE covers social marketing and communications for behavior change and increased use of health services and strengthening of community services focused on promoting healthy behavior and utilization of healthcare service. Also, it covers the provision of technical assistance to the GOT, civil society organizations, and private sector entities on SBC-related issues. Such activities are eligible for a Categorical Exclusion under 22 CFR §216. This Activity's focus on technical assistance to the GOT to improve the coordination, policy and implementation framework for SBC and to strengthen the capacity to design, monitor and implement effective SBC will not cause any negative impacts to physical and social environment. Therefore, this Activity is eligible for categorical exclusion determination. This Activity is not required to prepare an environmental mitigation and monitoring plan (EMMP) as there is no environmental impact to be mitigated or controlled. However, if the implementer proposes any new activities outside the scope of the approved 22 CFR §216 environmental documentation, they shall prepare an amendment to the documentation for USAID to review and approve. Any activities that shall be determined to be outside the scope of the approved 22 CFR §216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

c) Climate change analysis

The climate change risk analysis for this Activity relies upon the Tanzania Climate Risk Management (CRM) screening conducted during the preparation of Health IEE. This CRM screening identifies climate-related risks impacting health activities. It was determined that Tanzania's health infrastructure and services are highly vulnerable to climate change impacts, including, for example,

- Increased temperatures and flooding could increase the incidence of vector-borne diseases like malaria and Rift Valley Fever and could increase water-borne infectious diseases like cholera.

- Climate change could increase the spread of HIV/AIDS and TB by facilitating migration due to climate shocks/stressors that force people to move.
- Exposure to high temperatures is linked with higher rates of premature birth and low birth weight.
- Extreme heat and flooding could impact ability to provide technical assistance, engage with communities, or carry out SBC interventions by affecting the health of staff/participants, blocking access routes, or disrupting logistics networks.
- Climate change shocks and stressors may disproportionately impact women and vulnerable populations.

This Activity, however, would not be expected to significantly contribute to, or be impacted by, changing climatic conditions and would therefore be considered to be at low risk.

C.8 Substantial Involvement

USAID will be substantially involved in this Activity with specific elements of substantial involvement to be tailored in accordance with ADS 303.3.11 and the final project description. The specific areas of USAID substantial involvement will include, but are not limited to:

- USAID approval of Recipient's Implementation Plan.
- USAID approval of Specified Key Personnel.
- USAID approval of the Recipient's Monitoring Evaluation and Learning (MEL) plan.
- USAID and Recipient Collaboration or Joint Participation to include the following:
    - USAID will communicate any changes in technical guidance and funding levels that may affect implementation. This may have a bearing on geographical locations and implementation schedule.
- USAID review and approval of substantive provisions of proposed subawards or contracts (see definitions in 2 CFR 200). The Recipient must obtain the Agreement Officer (AO)'s prior approval for the sub-award, transfer, or contracting out of any work under the award not included in the application and original budget.
- USAID monitoring to permit specific kinds of direction or redirection because of interrelationships with other projects or activities.

[END OF SECTION C]

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SECTION D: APPLICATION CONTENT AND FORMAT

D.1 General Content and Form of Application

Preparation of Applications:
Each applicant must furnish the information required by this NOFO. **Applications must be submitted in two separate parts: (1) the Technical Application and (2) the Business (Cost) Application**. This subsection addresses general content requirements applying to the full application. Please see subsections 2 and 3, below, for information on the content specific to the Technical and Business (Cost) Applications. The Technical Application must address technical (e.g., programmatic) aspects only while the Business (Cost) Application must present the budget and budget narrative, address risk, and include required standard forms and certifications.

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

- Name of the organization(s) submitting the application.
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address).
- Activity name
- Notice of Funding Opportunity number
- 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).

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 must be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

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

Applications must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations.
- Unless otherwise noted, the Technical and Business Applications and all supporting documents must be submitted in English.
- Use standard 8 ½" x 11", single sided, single-spaced, 12 point Calibri 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, charts, tables and text boxes. Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section A of this NOFO must be used in the Business Application.
- The Technical Application must be a searchable and editable Word or PDF format as appropriate.
- The Budget (submitted as part of the Business Application) must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion, however, the official Budget submission is the unlocked Excel version.

Applicants should retain a copy of the Technical and Business Applications and all enclosures for their records.

D.2 Technical Application Format

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

The technical application must be no more than 20 pages, not including the cover page, table of contents, acronym list, executive summary, and annexes. Any figures and tables within the technical application itself (not the annexes) must fit within the 20-page limit.

Corresponding Merit Review criteria are described in Section F.2 of this NOFO. Technical applications should include:

a. Cover Page (not included in the page limit)
b. Table of Contents (not included in page limit)
c. Acronym List (not included in the page limit)
d. Executive Summary (1 page - not included in the page limit)
e. Technical Approach (15 page maximum)
f. Management and Staffing Approach, including Key Personnel (5 page maximum)
g. Annexes (not included in page limit)

a) Cover Page (not included in page limit)

The cover page is not included in the page limit. The cover page must include the following:

- Name of the organization(s) submitting the application.
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the

alternate contact person (by name, title, organization, mailing address, telephone number and email address);
- Activity name
- Notice of Funding Opportunity number
- 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.

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

The table of contents must include major sections and page numbering to easily cross-reference and identify merit review criteria.

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

The acronym list should include acronyms used in the application.

d) Executive summary (1 page - not included in the page limit)

The executive summary must provide a high-level overview of key elements of the Technical Application.

e) Technical Approach (15 pages maximum)

Applicants must submit a narrative of no more than 15 pages that describes the technical approach that details strategies and concrete plans to achieve the expected results under each intermediate result as outlined in the Section C: Project Description. The technical approach must describe the Applicant's key strategies, planned activities, and approaches, and the rationale for selecting the strategies and activities the Applicant will implement to accomplish the three intermediate results and results identified in the Project Description. Applicants should use the Results Framework in the NOFO to structure a logical technical application and discuss concrete actions on achieving results. Applicants must take into consideration the guiding principles outlined in the Project Description when preparing the technical approach.

The Applicants must submit their overall monitoring approach as an indicator matrix that should be included as an annex. This matrix should contain the proposed indicators for each intermediate result, indicator type (output, outcome etc), data source, frequency of data collection, and baseline data. The annex will not be counted in the page limit.

f) Management and Staffing Approach, including Key Personnel (5 pages maximum):

Applicants must submit a management and staffing approach of no more than 5 pages that describes the method for carrying out the proposed technical components of this Activity. Applicants must propose diverse staff who are reflective of USAID's gender, equity, and social inclusion principles. Applicants are encouraged to utilize local staff to the fullest extent possible.

Applicants must clearly describe the overall management plan for both managerial and administrative functions. This includes, but is not limited to:

- An identification of partners for activities where appropriate.
- An efficient and logical structure for overall program implementation, including how the applicant will divide labor, responsibilities and funding with partners or any potential subwardees.
- A staffing plan that corresponds to the skills and experience called for by the Applicant's approach.
- Specified key personnel (those who are essential to the successful implementation of an award and must spend 100% of their time on this project). The Applicant may propose up to five (5) key personnel, but must at a minimum have a Chief of Party, Deputy Chief of Party/Technical Director and a Finance and Administrative Director.

    - Chief of Party (COP)
    - Deputy Chief of Party (DCOP)/ Technical Director
    - Finance and Administrative Director
    - TBD - Proposed by the Applicant
    - TBD - Proposed by the Applicant

<u>The preferred qualifications for Key Personnel are as follows:</u>

Chief of Party

- Master's degree in public health, social sciences, international development, or a related field.
- At least eight years of senior level management experience in the design, implementation, and management of an activity of similar size, technical complexity, and setting.
- Demonstrated experience in supporting SBC interventions or any health communication program.
- Leadership skills in supporting coordination of host country SBC interventions.
- Leadership skills and experience in building and maintaining productive working relationships with a wide network of institutional stakeholders, including host government representatives at all levels, which may have divergent interests.
- Proven record of building teams and fostering collaboration to achieve activity goals, meet activity milestones, and produce quality activity results.
- Strong knowledge of USG health initiatives and related reporting requirements and funding parameters.
- Good English written and verbal communication skills.

Deputy Chief of Party/ Technical Director

- Master's degree in public health, social sciences, international development, or a related field is preferred.

- At least five years of senior level management experience in the design, implementation, and management of an activity of similar size, complexity, and setting
- Demonstrated experience in the design of SBC interventions.
- Leadership skills and experience in building and maintaining productive working relationships with a wide network of institutional stakeholders, including host government representatives at all levels, who may have divergent interests.
- Strong knowledge of the Government of Tanzania SBC initiatives and related implementation structures.
- Good English written and verbal communication skills.

Finance and Administrative Director

- A bachelor's degree in finance, accounting or a related field with CPA from a recognized university or equivalent is required.
- Demonstrated experience in managing and supervising a team.
- Demonstrated success in managing finances for organizations with multi-million-dollar annual budgets. Experience in managing USAID finances is an added advantage.
- Outstanding interpersonal skills.
- Seven years of experience in a financial management capacity for an activity of similar size, technical complexity, and setting supported by the US government or other donors.
- Demonstrated experience supporting and working with activity technical staff to ensure resources are used efficiently and to accurately account for expenditures.
- Ability to communicate effectively in English and Swahili, both verbally and in writing.
- Exceptional computer skills, particularly in Microsoft Excel, and experience using commercially available accounting software.
- Demonstrated success in managing sub-grants including conducting risk assessments and building capacity for grant-worthiness.

g) Annexes (not included in page limit)

The following documents do not count toward the 20-page limit:

- MEL Indicator Matrix (Applicants may include a brief narrative description. If included, this narrative description should not exceed 1 page)
- Brief organizational chart depicting its management approach, including roles and responsibilities, lines of authority, and the proposed duty stations of key personnel and senior technical and management staff. The chart must specify which personnel are proposed by the Recipient versus Subrecipient and ensure clear reporting structures.
- CV for each proposed key personnel (maximum 2 pages)
- Signed letters of commitment for each proposed key personnel
- A list of three (3) references for each key personnel (one superior, one subordinate, one peer) (can be separate document from CV)
- Certificate of Incorporation and Registration of the organization

Please note that USAID/Tanzania may seek reference information from individuals outside of those submitted with the application.

D.3 Business (Cost) Application Format

The Business (Cost) Application must be submitted separately from the Technical Application. While no page limit exists for the full Business application, applicants are encouraged to be as concise as possible while still providing the necessary details. The Business (Cost) Application must reflect the entire period of performance, all costs associated with activities included in the technical application (including those to be financed by cost share, or any other non-Federal funding source), and include the required and completed SF-424 Standard Forms. Applicants should ensure that any required supporting documentation identified in the Budget and Budget Narrative instructions below is included in an annex.

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

The Business (Cost) Application must contain the following sections:

i. Cover Page (not included in the page limit) See Section D.1 above for requirements
ii. SF 424 Application and Budget Form

The applicant must sign and submit the following forms from the Standard Form (SF) 424 series. Standard Forms and their accompanying instructions can be accessed electronically at https://www.grants.gov/forms/forms-repository/sf-424-family (use the "Grants.gov" forms). This includes the submission of the:

iii. Application for Federal Assistance (SF-424)- Link
iv. Budget Information for Non-Construction Programs (SF-424A)-Link

Applicants should carefully review the official Grants.gov instructions for completing each Standard Form. **Failure to accurately complete these forms could result in the rejection of the application.**

a) Required Certifications and Assurances

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

(1) "Certifications, Assurances, Representations, and Other Statements of the Recipient" ADS 303mav document found at https://www.usaid.gov/ads/policy/300/303mav

(2) Assurances for Non-Construction Programs (SF-424B) found at https://www.usaid.gov/document/sf-424b-assurances-non-construction
(3) Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

b) Budget and Budget Narrative

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by program year, including itemization of the federal and non-federal (e.g., cost share, matching, or leverage) amounts. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make an award and may result in a rejection of the Business Application.

The Budget Narrative must be submitted as a separate Word of PDF file and must contain sufficient detail to allow USAID to understand the proposed costs. The applicant must ensure the budgeted costs address all programmatic and administrative activities described in the Technical Application and specifically address any additional requirements identified in the solicitation (e.g., Branding and Marking, PSEA compliance, etc.). The Budget Narrative must be thorough, including sources, descriptions, and rationales for costs to support USAID's determination that the proposed costs are reasonable, allocable, and allowable in accordance with the Cost Principles in 2 CFR 200, Subpart E. Applicants should ensure the Budget and Budget Narrative are consistent with and reflect all activities included in the Technical Application.

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

- Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for the entire period of the program. The Summary Budget should reflect all proposed activities to be implemented by the applicant and any potential subrecipients and should facilitate completion of the SF-424A (i.e., the Summary Budget and SF 424A major budget categories must match). See Annex 1 for Summary Budget Template.

- Detailed Budget, including a breakdown of each major budget category by year for the entire period of the program, sufficient to allow the Agency to determine that the costs accurately reflect the proposed program activities and represent a realistic and efficient use of funding.

- Detailed Budgets for each subrecipient, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for the entire period of the program,

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

1) Personnel – Costs of employee salaries and wages must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services and the applicant's established policies and practices for similar work. The applicant's Budget must include position title, base salary rate, level of effort, and salary escalation factors for each position. Applicants must explain all assumptions in the Budget Narrative as well as provide a brief description of the proposed personnel's roles and responsibilities for the Activity. If the applicant's written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and support market research. *Applicants should not include the personnel costs of consultants, contractors, or subrecipients under this category*.

2) Fringe Benefits – Costs of employee fringe benefits must be proposed consistent with 2 CFR 200.431 Compensation - Fringe Benefits, as required by applicable law, and in accordance with the applicant's established policies and practices. Fringe benefits include allowances and services provided by employers to their employees in addition to regular salaries and wages (e.g., paid leave, health insurance, retirement, etc.). The applicant's Budget and Budget Narrative must include a detailed breakdown of all proposed fringe benefits along with a description of how costs are calculated (e.g., as a percentage of salary, as a per-person expense, etc.). *Only fringe benefits that will be recovered as direct costs should be included in this category; applicants with a negotiated indirect cost rate agreement (NICRA) that includes a fringe benefit rate must include indirect fringe costs under the "Indirect Charges" category*.

3) Travel – Travel and transportation costs must be proposed consistent with 2 CFR 200.475 Travel Costs and in accordance with the applicant's established policies and practices. Travel costs may include program-related transportation, lodging, or subsistence for applicant employees (e.g., flights, hotels, per diem, etc.). The applicant's Budget must break down individual travel costs and the Budget Narrative must provide details to explain the travel costs (e.g., purpose and number of trips, mode of transportation, the origin and destination, the number of individuals traveling, the duration of the trips, estimated unit costs, etc. When appropriate, please provide supporting documentation (e.g., company travel policy, quotation, etc.).

4) Equipment - Costs must be proposed consistent with the definitions of equipment, capital assets, and personal property (tangible) in 2 CFR 200.1, with 2 CFR 200.313 Equipment and 200.439 Equipment and Other Capital Expenditures, and with the applicant's established accounting practices (e.g., capitalization level for financial statement purposes). The applicant's Budget must provide a breakdown of individual equipment costs, including type, quantity, and unit cost. The Budget Narrative must include information on models/specifications, the purpose of the equipment, and the basis for the quantity and cost estimates. The Budget Narrative must support the

necessity of any equipment purchase in light of such factors as: rental costs of comparable equipment, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the equipment.

5) Supplies - Costs must be proposed consistent with the definitions of supplies and personal property (tangible) in 2 CFR 200.1 and the applicant's established accounting practices. Supplies are defined as all tangible personal property other than those described in the definition of equipment. The applicant's Budget must provide a breakdown of individual supplies, including type, quantity, and unit cost. The Budget Narrative must Include information on specifications, the purpose of the supplies, and the basis for the quantity and cost estimates. The Budget Narrative must support the necessity and reasonableness of any supply purchases.

6) Contractual – Costs in this category must include all contracts (except those for individual consultants and those already included under "Equipment," "Supplies," or "Construction") and all subawards. This includes rental and lease agreements for equipment or real property. See 2 CFR 200.331 for assistance regarding subrecipient and contractor determinations. Contractor and subrecipient budgets should reflect the same major budget categories and include budget narratives with the same required information as detailed in this Budget and Budget Narrative section of the Business Application Format instructions. *Applicants should not include the costs for individual consultants in this category; consultant costs should be included under "Other"*.

7) Construction – Not Applicable to this RFA

8) Other – Applicants should include any other direct costs associated with the proposed program that are not already captured under another cost category (e.g., costs related to individual consultants, report publication/printing costs, training/event/activity costs, staff development, or administrative expenses not recovered via "Indirect Charges"). The applicant's Budget must provide a breakdown of all other expenses in this category, including type, quantity, and unit cost. The Budget Narrative must provide supporting information on the rationale and reasonableness for each proposed expense and the basis for the proposed quantity and unit cost estimates. *For applicants electing to recover all administrative costs directly (i.e., to follow "Method 1" described below to allocate a portion of shared "overhead" or "indirect" costs directly to the program), these cost elements must be itemized under this category and the applicant must explain the allocation basis for each.*

9) Indirect Charges – Applicants must include all indirect costs under this category. In order to better understand indirect costs please see Subpart E of 2 CFR 200.414 and refer to USAID's Indirect Cost Rate Guide for Non Profit Organizations for further guidance.. The application must identify which approach they are requesting and provide the applicable supporting information. Local applicants without a Negotiated Indirect Cost Rate Agreement (NICRA) from USAID may apply a 15% de minimis rate. Costs must be

consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both. Below are the most commonly used Indirect Cost Rate methods:

- Method 1 - Direct Charge Only (i.e., direct cost allocation)
  Eligibility: Any applicant that does not have or intend to propose a NICRA (see Method 2) or use a de minimis rate on U.S. Federal awards (Method 3).

  Application Requirements: **All costs must be reflected under the "Other" cost category**. See the instructions above on how to reflect allocated "administrative/indirect" costs in the Budget and what supporting information must be provided as part of the Budget Narrative.

- Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)
  Eligibility: Any applicant with a NICRA issued by a USG Agency or any applicant intending to propose NICRA rate(s) for use under this (and all other) Federal awards.
    - Applicants with a current NICRA must apply those rate(s) or provide a formal letter explaining the use of lower rates (see Appendix V of USAID's Indirect Cost Rate Guide for Non Profit Organizations for a sample letter).
    - Applicants intending to negotiate a NICRA must be able to demonstrate adequate financial and administrative systems, policies, and practices (see Sections 2-3 of USAID's Indirect Cost Rate Guide for Non Profit Organizations for more information on requirements, process, and timelines).

  Application Requirements: Applicants with a current NICRA must include a copy as an annex to the Budget Narrative. If the NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Applicants intending to negotiate a NICRA must include proposed provisional rate(s) in the Budget and must submit an initial indirect cost rate proposal to support proposed rates. Note: Applicants should carefully review USAID's Indirect Cost Rate Guide for Non Profit Organizations to ensure they meet eligibility requirements, can provide all required supporting documentation for a NICRA, and understand the timeline and steps in the process.

- Method 3 - De minimis rate of up to 15 percent of modified total direct costs (MTDC)
  Eligibility: Any applicant, except applicants with a NICRA

  Application Requirements: Applicants may determine the appropriate rate up to the 15 percent limit. The de minimis rate does not require documentation to justify its use and may be used indefinitely. Organizations electing to use the de minimis rate must ensure the same rate (up to 15 percent) is used for all Federal awards until and unless the organization chooses to apply for a NICRA. The

applicant must describe in the Budget Narrative which cost elements it will charge directly vs. indirectly and reflect this in the budget. Costs must be consistently charged as either direct or indirect costs and may not be double charged or inconsistently charged as both. See 2 CFR 200 for further information.

- Method 4 - Indirect Costs Charged as a Fixed Amount
  Eligibility: Non-U.S. nonprofit organizations without a NICRA electing not to use direct cost allocation (Method 1) or the de minimis rate (Method 3)

  Application Requirements: Applicants must provide the proposed fixed amount and a supporting worksheet that includes the following:
  - Total costs (i.e., direct and indirect) incurred by the organization for the previous fiscal year and estimates for the current year.
  - Total indirect costs incurred (e.g., costs necessary for the day-to-day operations of the organization that were not recovered directly as cost line items under awards) for the previous fiscal year and estimates for the current year. Review USAID's Indirect Cost Rate Guide for Non Profit Organizations for more information on indirect costs.
  - Proposed method for prorating total estimated indirect costs equitably and consistently across all programs and activities. This includes describing the allocation base for each indirect cost element that reasonably corresponds to the benefits of that particular cost element to each program or activity. Review USAID's Indirect Cost Rate Guide for Non Profit Organizations for more information on approaches to allocating indirect costs equitably across multiple programs/cost objectives.

If the applicant does not have a NICRA and requests to use Method 2 (NICRA) or Method 4 (Fixed Amount), the Agreement Officer will provide further instructions and may request additional supporting information, including financial statements and audits, should the application still be under consideration after the merit review.

c) Prior Approvals in accordance with 2 CFR 200.407

Cost principles specifically require Agency written prior approval for certain items of cost. For these items, simply including the item in the detailed budget does not satisfy the requirement for Agency prior approval. To request that such an item be approved in an award, the applicant must include an explicit request for its approval in the Budget Narrative. Note that any such approval is at the Agreement Officer's discretion and such approval may not be granted at the time of award. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

d) Approval of Subaward Activities

The applicant must submit the following information for each subaward that it wishes to have approved at the time of award:

- Name of prospective subrecipient organization
- Subrecipient organization's UEI, unless exempted under 2 CFR 25.110 (see Section E – Submission Requirements and Deadline for more information).
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (www.SAM.gov)
- Confirmation that the subrecipient does not appear on the U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) and Blocked Persons list (https://sanctionslist.ofac.treas.gov/Home/SdnList)
- Confirmation that the subrecipient is not listed in the United Nations Security Council Consolidated list (https://main.un.org/securitycouncil/en/content/un-sc-consolidated-list)
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(c); including any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

e) History of Performance

The applicant must provide information regarding its history of performance for five of its most relevant cost-reimbursement or fixed price contracts, grants, or cooperative agreements, including any fixed amount awards involving similar or related programs. Examples should not be older than three years. Required information includes:

- Name of the awarding organization (e.g., funder);
- Award number, if any;
- Activity title;
- A brief description of the activity (including location, relevancy and complexity of work);
- Period of performance (e.g., start and end dates);
- Award amount;
- Type of award;
- Reports and findings from any audits performed in the last three years; and
- Names and contact information (including current telephone number and e-mail address) of at least two (2) professional contacts who most directly observed the work performed.

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

f) Branding Strategy & Marking Plan (not to be submitted with the full application)

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

Please note the following pre-award terms for the Branding Strategy & Marking Plan. Although the plan will not be submitted with the full application, applicants should include estimated costs associated with branding and marking in their budget.

1. Branding Strategy – Assistance (October 2024)

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 Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. If the Notice of Funding Opportunity indicates that the apparently successful applicant may submit a Branding Strategy after the award is made, the resultant award will include a special award condition indicating the required submission date. If the Notice of Funding Opportunity requires submission before award, failure to submit and negotiate a Branding Strategy within the specified time frame will make the applicant ineligible for the 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 Agreement Officer 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 brand mark, with the tagline "from the American people" as found on the USAID Web site at **http://www.usaid.gov/branding**, unless the Notice of Funding Opportunity states that the USAID Administrator (or delegate) 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. The Notice of Funding Opportunity will state if an Administrator (or delegate) 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 that:

(i) Describe the main program message.

(ii) Provide plans for training materials, posters, pamphlets, public service announcements, 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. Applicants 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 Agreement Officer 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.

e. The Branding Strategy will be included in and made part of the resulting grant or cooperative agreement.

(END OF PRE-AWARD TERM)

2. Marking Plan – Assistance (October 2024)

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 brand mark, with the tagline "from the American people." The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at **http://www.usaid.gov/branding**. The Notice of Funding Opportunity will state if an Administrator (or delegate) approved the use of an additional or substitute logo, seal, or tagline.

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

c. If the Notice of Funding Opportunity indicates that the apparently successful applicant may submit a Marking Plan after the award is made, the resultant award will include a special award condition indicating the required submission date. If the Notice of Funding Opportunity requires submission before award, failure to submit and negotiate a Marking Plan within the specified timeframe will make the applicant ineligible for the 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 Agreement Officer 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 a 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 Agreement Officer 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. 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.

(END OF PRE-AWARD TERM)

g) Funding Restrictions

Profit is not allowable for recipients or subrecipients under this award.

Construction is not authorized under this award.

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

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 Section A.6 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

h) Pre-Award Terms

CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – PRE-AWARD TERM (February 2012)

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

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

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

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

2) Shall not be discriminated against in the solicitation or issuance of grants,

contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.

(b) An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Mandatory Standard Provision titled "Notices" as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.

(c) In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such an Applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror's proposal will be evaluated based on the activities for which a proposal is submitted, and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

(END OF PRE-AWARD TERM)

CONFLICT OF INTEREST PRE-AWARD TERM (October 2024)

a. Personal Conflict of Interest

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

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

b. Organizational Conflict of Interest

The applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the applicant with an unfair competitive advantage in competing for

this financial assistance award. Examples of an unfair competitive advantage include but are not limited to situations in which an applicant or the applicant's employee gained access to non-public information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

(END OF PRE-AWARD TERM)

i) Applications with Proprietary Data

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

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

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

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

[END OF SECTION D]

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SECTION E: SUBMISSION REQUIREMENTS AND DEADLINES

E.1 Questions and Answers

Applicants must submit questions regarding this NOFO via email, if any, to usaidtzco@usaid.gov with a copy to Gloria Matau (gmatau@usaid.gov) and Ashley Burgin (aburgin@usaid.gov) no later than the date and time indicated on the NOFO cover letter, or as amended. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

E.2 Submission Requirements

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, or as amended. Late applications will not be reviewed nor considered**.** Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time**/**confirmation from the receiving office/certified mail receipt. Additionally, applicants should retain a copy of the application and all enclosures for their records.

Applications must be submitted by email to usaidtzco@usaid.gov with a copy to Gloria Matau (gmatau@usaid.gov) and Ashley Burgin (aburgin@usaid.gov). Email submissions must include the NOFO number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line that states: "[NOFO number], [organization name], Cost Application, Part 1 of 2".

USAID's preference is that the technical application and the business (cost) application each be submitted as consolidated email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending it. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear.

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

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

There may be a problem with the receipt of *.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Tanzania Office cannot guarantee their acceptance by the internet server. File size must not exceed 25MB.

E.3 Unique Entity Identifier (UEI) and SAM.gov Registration

Each applicant, that does not have an exemption under 2 CFR 25.110, is required to:

(1) Be registered in SAM.gov before submitting an application.
(2) Maintain a current and active registration in SAM.gov at all times during which it has an active Federal award as a recipient or an application under consideration by USAID. The applicant or recipient must review and update its information in SAM.gov annually from the date of initial registration or subsequent updates to ensure it is current, accurate, and complete. If applicable, this includes identifying the applicant's or recipient's immediate and highest-level owner and subsidiaries, as well as providing information on all predecessors that have received a Federal award or contract within the last three years; and
(3) Include its UEI in each application it submits to USAID. A UEI is a unique, alpha-numeric 12-character identifier issued and maintained by SAM.gov that verifies the existence of an entity globally. The UEI is the official government-wide identifier used for Federal awards.

The SAM registration process may take many weeks to complete. Therefore, applicants are encouraged to begin the process early. If an applicant is unable to obtain a UEI and complete SAM registration before submitting an application, the applicant may request an exemption in accordance with the instructions below. If an applicant has not fully complied with the requirements above by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant. Applicants can find additional resources for obtaining a UEI and registering in SAM on a blog post on WorkwithUSAID.gov.

Note: First-tier subrecipients (i.e., direct subrecipients) must obtain a UEI in order to receive a subaward, but are not required to complete full SAM registration.

Requests for UEI/SAM exemptions: An applicant may include in its application (or separately in writing to the Agreement Officer) a request to be exempted from the above UEI and/or SAM registration requirements, if the criteria for one of the exceptions in 2 CFR 25.110 apply. The applicant may be required to submit additional justification or information in support of the

request for an exemption. In certain cases where an exemption is approved, the selected applicant may still be required to obtain a UEI and/or register in SAM.gov within thirty (30) days after receiving the award.

[END OF SECTION E]

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SECTION F: APPLICATION REVIEW INFORMATION

F.1 Responsiveness Review

Applicants must review, understand, and comply with all aspects of this NOFO. Failure to comply with the NOFO may be considered as being non-responsive and may be evaluated accordingly.

F.2 Merit Review Criteria

The merit review criteria prescribed here are tailored to the requirements of this NOFO. Applicants should note that these criteria serve to: (a) identify the significant matters which the Applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of the application, the Applicant should organize the narrative sections of their application according to the technical application format (Section D.2 of this NOFO) and the evaluation criteria set forth below.

USAID/Tanzania will evaluate technical and other factors relative to each other, as described here and prescribed by the technical application format. The technical applications will be scored by a selection committee using the criteria described in this section.

a) Merit Review

USAID/Tanzania will evaluate the full technical application. The following merit review criteria will be used. The merit review criteria are listed in order of importance starting with the most important criterion listed first. Therefore, Criterion 1 (Technical Approach) is more important than Criterion 2 (Management and Staffing Approach, including Key Personnel).

CRITERION	NAME	IMPORTANCE
Criterion 1	Technical Approach	Most Important
Criterion 2	Management and Staffing Approach	2nd Most Important

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

Criterion 1: Technical Approach

Applications will be evaluated on the extent to which the technical approach: 1) incorporates technically sound, innovative, feasible and quality solutions to achieve the goals and intermediate results in the Project Description; 2) integrates the guiding principles outlined in the Project Description; and, 3) proposes a clear and effective MEL indicator matrix to measure

results, monitor project impact and adapt the project. Applications will also be evaluated on the extent to which they are effective and clearly incorporates gender-sensitive solutions, private sector engagement and capacity strengthening strategies to GOT and USAID service delivery partners.

Criterion 2: Management and Staffing Approach, including Key Personnel

Sub-Factor 2.1 - Management Approach

Applicant's management approach must demonstrate the Applicant's readiness and capability to complete mobilization tasks required and facilitate effective and efficient management for successfully accomplishing all aspects of project implementation that will achieve the objectives and purpose of the Award, including among proposed Subaward(s) and the extent to which the plan has the right number of people and complement of technical and administrative skills (particularly data management and analytical skills related to social and behavior change interventions) to effectively implement the project while continuously collaborating, learning, and adapting; and reflects a personnel composition that achieves gender equity and capitalizes on the local workforce.

The Applicants must present a management approach that supports execution of the proposed technical approach. Applicants must describe the roles and responsibilities of the prime Awardee (headquarters, regional, in-country) and/or Subaward(s); the internal and external communication flow. The Applicant must describe the role of any major Subaward(s), including a description of their role vis-a-vis the prime including agreed-upon responsibilities, qualifications, duration and type of technical expertise of personnel, and proposed integration and oversight.

Sub-Factor 2.2 - Key Personnel and Staffing

The Applicant will be evaluated on the extent to which the skills and experience of the proposed Key Personnel meet the preferred requirements. The Applicant will also be evaluated on the extent to which the proposed team demonstrates a full and relevant complement of technical and functional skill sets to address the requirement needs outlined in this NOFO and utilizes local staff to the fullest extent possible.

F.3 Review and Selection Process

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

Technical and other factors will be evaluated relative to each other, as described here and prescribed in Section D, Application Content and Format. A USAID Merit Review Committee

(MRC) will conduct a merit review of all applications received that comply with the instructions in this NOFO and make the recommendation on which should be considered for award. The Business (Cost) Application will be reviewed by the Agreement Officer.

As a result of this process, USAID intends to select the apparently successful applicant based upon the application submission. Once the selection is made, USAID may address any concerns to the selected applicant for resolution. However, USAID reserves the right to negotiate with all applicants prior to selection of the successful applicant if in the best interest of the U.S. Government.

If USAID and the apparently successful applicant cannot come to a mutual understanding during the course of discussions, or if the apparently successful applicant is unable to provide satisfactory Technical and Business Applications, or does not meet deadlines for submissions, or presents an unacceptable risk as a result of the risk assessment, then the Agreement Officer may designate the next highest-evaluated applicant as the apparently successful applicant. This decision is at the sole discretion of the Agreement Officer. The Agreement Officer's decision regarding funding of an award is final and not subject to review.

The Agreement Officer will make the final determination whether the award will be made to the applicant. Award may be made with or without a request for clarifications/additional detail on an application.

a) Business (Cost) Application Review

The Agency will evaluate the Business (Cost) Application of the applicant(s) under consideration for an award as a result of the merit criteria review. As part of the review of the Business Application, the Agency will review the budget and budget narrative to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E and accurately reflect the proposed activities in the Technical Application.

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

When the NOFO includes a cost share requirement, USAID will review the Business (Cost) Application for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing."

F.4 Risk Review

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

[END OF SECTION F]

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SECTION G: 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/Tanzania anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. Notice of Federal award signed by the Agreement Officer is the official document that obligates funds, and will be provided to the authorized official of the selected applicant by electronic means as identified in the application. The Agreement Officer is the only individual who may legally commit the U.S. Government to the expenditure of public funds.

Unsuccessful applicants will be notified by electronic means within 90 days of the Agreement Officer's selection.

Pre-award costs are only allowed when specifically included in the award terms, or otherwise approved in writing by the Agreement Officer. Without such written authorization, any costs incurred for application development or program performance prior to an award period of performance start date are at the applicant's own risk; do not assume that the AO will approve them as pre-award costs in the award.

[END OF SECTION G]

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SECTION H: POST-AWARD REQUIREMENTS AND ADMINISTRATION

H.1 Administrative & National Policy Requirements

The resulting award from this NOFO will be administered in accordance with the following:

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

For non-U.S. organizations: 2 CFR 200 Subpart E and Standard Provisions for Non-U.S. Non-governmental Organizations.

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

H.2 Nature of the Relationship between USAID and the Recipient

The principal purpose of the relationship between USAID and the recipient is to transfer funds to accomplish a public purpose of support or stimulation of the USAID Thamini Afya (Value your Health), which is authorized by Federal statute. The successful recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

H.3 Reporting Requirements

The Recipient must adhere to all reporting requirements listed below. All plans and reports must be submitted in English, and documents must be submitted electronically by email. All reports must be submitted by the due date for review by the USAID Agreement Officer Representative (AOR) designated by the Agreement Officer. The Agreement Officer and designated Acquisition & Assistance Specialist must be copied on each submission. The Applicant will consult the AOR on the format and expected content of reports prior to submission.

Reports may include:

1. Annual Work Plan and Budget (submitted by the recipient within 60 calendar days of the award);
2. Subsequent Annual Implementation Plans and Budgets (submitted within 30 calendar days after the end of the previous Fiscal Year.;
3. Activity Monitoring, Evaluation, and Learning (MEL) plan (finalized within 90 calendar days of award);
4. Gender Strategy (finalized within six months of award);
5. Quarterly Progress Reports every three (3) months for the first year;

6. Financial Reporting (specifically quarterly SF425s - due no later than 30 calendar days after the end of each quarter based on the fiscal year);
7. Annual Report
8. Final Report (due within 90 calendar days after the end date of the award);
9. Demobilization Plan for Close-Out (due no later than 90 calendar days before the end date of the award); and

If timelines for submissions are not identified above, they will be determined by the AOR. More detail on each reporting deliverable will be included in the eventual award. The recipient will also consult with the AOR on the format and expected content of all reports prior to submission.

Pursuant to ADS 303.3.20, it is USAID's policy that English is the official language of all award documents because a translation may not convey the full meaning of the original. Accordingly, all Financial and Performance reports must be in English unless otherwise approved by the Agreement Officer. If an award or any supporting documents are provided in both English and a local language, each document must state that the English language version is the controlling version.

- **Financial Reporting:**

The Standard Form 425 (SF-425) must be submitted via electronic format to the U.S. Department of Health and Human Services (DHHS) via https://pms.psc.gov/. The Recipient must also submit a copy of SF-425 to the Agreement Officer, Agreement Officer's Representative, and the USAID/Tanzania Office of Financial Management (OFM) at accountspayabletz@usaid.gov. Electronic copies of the SF-425, along with instructions, can be found at https://www.grants.gov/forms/forms-repository/post-award-reporting-forms.

Quarterly Financial Report: Quarterly Financial Reports shall be due within 30 days following the end of each quarter corresponding to USAID's fiscal year from October 1 through September 30.

Final Financial Report: The Final Financial Report shall be due within 120 days following the expiration of the award. Financial Reports shall be in accordance with 2 CFR 700.

- **Performance Reporting**

The Recipient must adhere to all reporting requirements listed below. All plans and reports must be submitted in English. Documents must be submitted electronically by email. All reports must be submitted by the due date for review by the USAID Agreement Officer's Representative (AOR) designated by the Agreement Officer (AO). The Recipient will consult the AOR on the format and expected content of reports prior to submission.

H.4 Environmental Compliance

Initial Environmental Examination (link: https://ecd.usaid.gov/repository/pdf/54590.pdf)

[END OF SECTION H]

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SECTION I: OTHER INFORMATION

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

[END OF SECTION I]

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ANNEX 1 - SUMMARY BUDGET TEMPLATE

Object Class Category	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
a. Personnel	$	$	$	$	$	$
b. Fringe Benefits	$	$	$	$	$	$
c. Travel	$	$	$	$	$	$
d. Equipment	$	$	$	$	$	$
e. Supplies	$	$	$	$	$	$
f. Contractual	$	$	$	$	$	$
g. Construction	$	$	$	$	$	$
h. Other Direct Costs	$	$	$	$	$	$
i. Total Direct Charges (a - h)	$	$	$	$	$	$
j. Indirect Charges	$	$	$	$	$	$
k. TOTALS (i and j)	$	$	$	$	$	$

ANNEX 2 - STANDARD PROVISIONS

The selected applicant will be required to comply with USAID's standard provisions. The standard provisions included in the resultant award will be dependent on the organization that is selected.

The full text of these provisions may be found on USAID's website here:

- Standard Provisions for U.S. Nongovernmental Organizations: https://www.usaid.gov/ads/policy/300/303maa,
- Standard Provisions for non-U.S. Nongovernmental Organizations: https://www.usaid.gov/ads/policy/300/303mab,

Please note that the resultant award will include the full text of current Mandatory Standard Provisions and the Required as Applicable Standard Provisions. **The required as applicable standard provisions will be required if checked below.**

Required as Applicable Standard Provisions for U.S. Nongovernmental Organizations

Required	Not Required	REQUIRED AS APPLICABLE STANDARD PROVISIONS U.S. NGOs
Determined at award		RAA1. Negotiated Indirect Cost Rates – Predetermined (August 2024)
Determined at award		RAA2. Negotiated Indirect Cost Rates – Nonprofit Provisional & Final (August 2024)
Determined at award		RAA3. Negotiated Indirect Cost Rate – For-Profit Provisional & Final (August 2024)
Determined at award		RAA4. Indirect Costs – De Minimis Rate (August 2024)
	X	RAA5. Reserved
X		RAA6. Voluntary Population Planning Activities – Supplemental Requirements (January 2009)
X		RAA7. Protection of the Individual As A Research Subject (April 1998)
	X	RAA8. Care of Laboratory Animals (March 2004)
X		RAA9. Title to and Care of Property (Cooperating Country Title) (August 2024)
TBD		RAA10. Cost Sharing (August 2024)
	X	RAA11. Prohibition of Assistance to Drug Traffickers (June 1999)
X		RAA12. Investment Promotion (December 2022)
X		RAA13. Reporting Host Government Taxes (December 2022)
X		RAA14. Foreign Government Delegations to International Conferences (June 2012)
X		RAA15. Conscience Clause Implementation (Assistance) (February 2012)
X		RAA16. Condoms (Assistance) (September 2014)
X		RAA17. Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking (Assistance) (September 2014)
	X	RAA18. Reserved
	X	RAA19. Standards for Accessibility for the Disabled in USAID Assistance Awards Involving Construction (September 2004)

Required	Not Required	REQUIRED AS APPLICABLE STANDARD PROVISIONS U.S. NGOs
X		RAA20. Statement for Implementers of Anti-Trafficking Activities on Lack of Support for Prostitution (June 2012)
	X	RAA21. Eligibility of Subrecipients of Anti-Trafficking Funds (June 2012)
	X	RAA22. Prohibition on the Use of Anti-Trafficking Funds to Promote, Support, or Advocate for the Legalization or Practice of Prostitution (June 2012)
	X	RAA23. Reserved
X		RAA24. Reporting Subawards and Executive Compensation (August 2024)
X		RAA25. Patent Reporting Procedures (December 2022)
X		RAA26. Access to USAID Facilities and USAID's Information Systems (August 2013)
X		RAA27. Contract Provision for DBA Insurance under Recipient Procurements (December 2022)
	X	RAA28. Reserved
	X	RAA29. Reserved
X		RAA30. Program Income (August 2024)
X		RAA31. Never Contract with the Enemy (August 2024)

Required as Applicable Standard Provisions for Non-U.S. Nongovernmental Organizations

Required	Not Required	REQUIRED AS APPLICABLE STANDARD PROVISIONS Non-U.S. NGOs
Determined at award		RAA1. Advance Payment and Refunds (August 2024)
Determined at award		RAA2. Reimbursement Payment and Refunds (August 2024)
Determined at award		RAA3. Indirect Costs – Negotiated Indirect Cost Rates Provisional & Final (August 2024)
Determined at award		RAA4. Indirect Costs – Charged As A Fixed Amount (Nonprofit) (August 2024)
Determined at award		RAA5. Indirect Costs – De Minimis Rate (August 2024)
	X	RAA6. Reserved
X		RAA7. Reporting Subawards and Executive Compensation (August 2024)
X		RAA8. Subawards (August 2024)
X		RAA9. Travel and International Air Transportation (December 2014)
X		RAA10. Ocean Shipment of Goods (June 2012)
X		RAA11. Reporting Host Government Taxes (December 2022)
X		RAA12. Patent Rights (December 2022)
	X	RAA13. Reserved
X		RAA14. Investment Promotion (December 2022)
TBD		RAA15. Cost Sharing (August 2024)
X		RAA16. Program Income (August 2024)
X		RAA17. Foreign Government Delegations to International Conferences (June 2012)

Required	Not Required	REQUIRED AS APPLICABLE STANDARD PROVISIONS Non-U.S. NGOs
	X	RAA18. Standards for Accessibility for the Disabled In USAID Assistance Awards Involving Construction (September 2004)
X		RAA19. Protection of Human Research Subjects (June 2012)
	X	RAA20. Statement for Implementers of Anti-Trafficking Activities on Lack of Support for Prostitution (June 2012)
	X	RAA21. Eligibility of Subrecipients of Anti-Trafficking Funds (June 2012)
	X	RAA22. Prohibition on the Use of Anti-Trafficking Funds to Promote, Support, or Advocate for the Legalization or Practice of Prostitution (June 2012)
X		RAA23. Voluntary Population Planning Activities – Supplemental Requirements (January 2009)
X		RAA24. Conscience Clause Implementation (Assistance) (February 2012)
X		RAA25. Condoms (Assistance) (September 2014)
X		RAA26. Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking (Assistance) (September 2014)
	X	RAA27. Limitation on Subawards to Non-Local Entities (July 2014)
X		RAA28. Contract Provision for DBA Insurance Under Recipient Procurements (December 2022)
	X	RAA29. Reserved
	X	RAA30. Reserved
X		RAA31. Never Contract with the Enemy (August 2024)

ANNEX 3 - ABBREVIATIONS AND ACRONYMS

ADS	Automated Directives System
AIDS	Acquired Immunodeficiency Syndrome
AMR	Antimicrobial Resistance
ANC	Antenatal Care
AO	Agreement Officer
AOR	Agreement Officer Representative
ART	Antiretroviral Therapy
CDCS	Country Development Cooperation Strategy
CFR	Code of Federal Regulations
CLA	Collaboration, Learning, and Adapting
CRM	Climate Risk Management
DHIS2	District Health Information Software 2
DO	Development Objective
DPS	Director of Preventive Services
EMMP	Environmental Mitigation and Mitigation Plan
FAA	Foreign Assistance Act
FP	Family Planning
GBV	Gender-Based Violence
GHS	Global Health Security
GOT	Government of Tanzania
HCD	Human Centered Design
HIV	Human Immunodeficiency Virus
HPS	Health Promotion Section
HPV	Human Papillomavirus
IEC	Information, Education and Communication
IEE	Initial Environmental Examination
IPC	Infection Prevention Control
IPTp	Intermittent Preventive Treatment in pregnancy
IR	Intermediate Result
ITN	Insecticide Treated Net
LGA	Local Government Authority
MBS	Malaria Behavior Survey
MCH	Maternal and Child Health
mCPR	modern Contraceptive Prevalence Rate
MDR	Multidrug-Resistance
MEL	Monitoring, Evaluation and Learning
MIS	Malaria Indicator Survey
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health
NGOs	Non-Government Organizations
NMCP	National Malaria Control Program

NOFO	Notice of Funding Opportunity Number
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother to Child Transmission
PORALG	President's Office Regional Authority & Local Government
RCCE	Risk Communication and Community Engagement
R/CHMT	Regional/Council Health Management Team
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
TB	Tuberculosis
TCCP	Tanzania Capacity and Communication Project
TDHS	Tanzania Demographic and Health Survey
THIS	Tanzania HIV Impact Survey
UEI	Unique Entity Identifier
UNAIDS	United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VLS	Viral Load Suppression
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation, and Hygiene
WEEE	Women's Entrepreneurship and Economic Empowerment
WHO	World Health Organization
WLHIV	Women Living with HIV

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