

Issue Date: March 30, 2020
Deadline for Questions: April 29, 2020 (13:00 hrs. Zambia Time)
Concept Paper Closing Date: May 28, 2020 (13:00 hrs. Zambia Time)
Full Application Closing Date: TBD will be communicated via concept note review process.

Subject: Notice of Funding Opportunity (NOFO) Number: 72061120RFA00003

Program Title: USAID Zambia Accessible Markets for Health (ZAM-Health) Activity

The United States Agency for International Development (USAID) Mission in Zambia seeks concept papers from qualified applicants to implement the USAID Zambia Accessible Markets for Health (ZAM-Health) Activity. Eligibility for this award is restricted to Local Organizations (see Section C of this NOFO for eligibility requirements).

Subject to the availability of funds, USAID/Zambia intends to make one award to that responsible Applicant whose application best meets the objectives of this funding opportunity and the merit review criteria contained herein. While one award is anticipated as a result of this notice of funding opportunity (NOFO), USAID reserves the right to fund any or none of the applications submitted. Subject to funds availability, the anticipated funding for the USAID ZAM-Health Activity is approximately \$38 million over a five-year period. Final authority for assistance awards resides with the USAID/Zambia Agreement Officer.

USAID's ZAM-Health Activity will follow a "Two-phase merit review process" of application selection. Phase I is the submission, review and evaluation of a written concept paper. Applicants will be evaluated based on Phase I (Concept paper) and Applicants not selected for the subsequent phase will be notified at the end of Phase I. Only the Apparently Successful Applicant (ASA) will be invited to participate in Phase 2 (Full Application). During Phase 2, the ASA from Phase I, will develop and submit a Final Application including cost application for consideration. Final Application will then be evaluated for determination of the award.

Per 2 CFR 200 and 2 CFR 700, USAID regulations do not award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the program and are in accordance with applicable cost principles (2 CFR 200, OMB Circular A-230 for non-profit organizations, OMB A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for for-profit organizations), may be paid under the agreement.

Eligible organizations interested in submitting an application are encouraged to read this funding opportunity thoroughly to understand the type of program sought, application submission requirements and evaluation process.

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on www.grants.gov, and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements detailed in Attachment B, Section D.3.1(b)(2)(h). The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

Please send any questions to the points of contact identified in Section D. The deadline for questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to this notice posted to www.grants.gov. Applications must be received by the closing date and time indicated at the top of this cover letter via email to: oaa-solicit-lusaka@usaid.gov.

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

Thank you for your interest in USAID programs.

Sincerely,



Mohib Ahmed
Supervisory Agreement Officer
Director, Office of Acquisition and Assistance

ABBREVIATIONS AND ACRONYMS USED IN THIS NOFO

ADS	Automated Directives System
AMELP	Activity, Monitoring, Evaluation and Learning Plan
AO	Agreement Officer
AOR	Agreement Officer's Representative
APR	Annual Progress Report
ART	Antiretroviral Treatment
BS&MP	Branding Strategy and Marking Plan
CAP	Corrective Action Plan
CDCS	Country Development Cooperation Strategy
CFR	Code of Federal Regulations
CLA	Collaborating, Learning, and Adapting
CRM	Climate Risk Management
CSR	Corporate Social Responsibility
DDL	Development Data Library
DEC	Development Experience Clearinghouse
EMMP	Environmental Mitigation and Monitoring Plan
FAA	Foreign Assistance Act
G2G	Government-to-Government
GRZ	Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-testing
HMIS	Health Management Information System
IEE	Initial Environmental Examination
IR	Immediate Result
LARC	Long Acting Reversible Contraceptives
LNG-IUS	Levonorgestrel-releasing Intrauterine System
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
MER	Monitoring, Evaluation and Reporting
MOH	Ministry of Health
MSL	Medical Stores Limited
NHSP	Zambia National Health Strategic Plan
NOFO	Notice of Funding Opportunity
OMB	Office of Management and Budget
ORS	Oral Rehydration Solution
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMEP	Performance, Monitoring and Evaluation Project
PMP	Performance Monitoring Plan
POC	Point of Contact
PrEP	Pre-exposure Prophylaxis
PYD	Positive Youth Development

RFA	Request for Applications
RoC	Record of Compliance
SAPR	Semi-Annual Progress Report
SBC	Social and Behavior Change
SFH	Society for Family Health
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
STIP	Science, Technology, Innovation and Partnership
TB	Tuberculosis
TMA	Total Market Approach
USAID	United States Agency for International Development
USG	United States Government
VMMC	Voluntary Medical Male Circumcision
Zam-Health	Zambia Accessible Markets for Health
ZDHS	Zambia Demographic and Health Survey

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SECTION A: PROGRAM DESCRIPTION

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

A.1 PROGRAM OVERVIEW

USAID/Zambia intends to award a five-year, \$38 million cooperative agreement to improve health outcomes for Zambians by increasing the use of high-quality health products and services among priority audiences. The USAID Zambia Accessible Markets for Health (ZAM-Health) Activity will accomplish this by sustainably expanding the availability and accessibility of high-quality health products and services in the private sector, improving health knowledge, and increasing the adoption of healthy and health-seeking behaviors. Within the framework of a total market approach (TMA), the program will employ private sector approaches such as marketing, social franchising, and partnerships with commercial and for-profit entities to achieve these outcomes.

A.2 PROGRAM BACKGROUND

USAID defines the Journey to Self-Reliance as a country’s ability to plan, finance, and implement solutions to solve its own development challenges. As outlined in USAID’s recently released Private-Sector Engagement Policy¹, the private sector has an important role to play on this journey as countries seek to mobilize additional resources to address development challenges. Zambian policy documents also lay out the importance of private sector engagement. In 2016, the Zambia Development Agency launched a strategic plan to foster private sector development and investments over four years. With the support of the Government of the Republic of Zambia (GRZ), this plan recognizes the value of economic diversification to promote local investments, create jobs, and strengthen the relationship between the public and private sectors. In addition, the Zambia National Health Strategic Plan (NHSP) 2017-2021 identifies increasing engagement with the private sector as a key strategy for improving primary health care, emergency response, combating infectious diseases such as sexually transmitted infections (STIs) and tuberculosis (TB), and non-communicable diseases, as well as health system strengthening.

As USAID/Zambia continues to directly and indirectly support the GRZ public health system through government-to-government (G2G), sector-wide, and technical assistance programs, complementary investments are needed to develop and support the sustainable delivery of high-quality health products and services through the private sector. Through the USAID ZAM-Health Activity, USAID/Zambia intends to strengthen Zambia’s private sector health care delivery platforms to improve the sustainable provision of high-quality products and services and to reach underserved audiences with high-quality health care. Throughout this document,

¹ https://pages.usaid.gov/sites/default/files/usaids_psepolicy_final_signed.pdf

‘private sector’ is used to refer to both commercial, for-profit entities and nonprofit, non-governmental organizations including faith based organizations and social marketing organizations. ‘Private sector health care providers’ includes private hospitals, private clinics, pharmacies, and health shops (both formal and informal).

With significant United States Government (USG) support through USAID and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), Zambia has made tremendous progress towards reaching its HIV epidemic control, Family Planning 2020 targets and reducing maternal and child deaths. As of 2019, more than 900,000 Zambians are currently receiving daily life-saving antiretroviral treatment (ART). Within the general population, the HIV incidence rate has fallen sharply in the last decade, and HIV infection among children born to HIV-positive mothers has dropped from 45 percent to less than 5 percent. The country has more than doubled the number of people on ART since 2011, and as of 2018, viral load suppression among people on ART has reached 82 percent. Similar achievements are noted in family planning and maternal and child health; between 2007 and 2018, unmet need for family planning among married Zambian women decreased from 27 percent to 20 percent, contributing to a corresponding reduction in maternal mortality by half. In addition, mortality among children under five years old has been cut to one-third of its 1996 level, and stunting has fallen from a high of 53 percent of children under five in 2001 to 35 percent in 2018.

Despite these accomplishments, some USAID/Zambia priority audiences remain reluctant or unable to engage with the health system, resulting in important consequences for their health. Men and youth are among the most difficult to reach audiences for HIV testing, treatment, and adherence. According to the 2017 Zambia Population-Based HIV Impact Assessment, nearly 65 percent of HIV-positive men under 30 and women aged 15 to 19 years are not aware of their HIV status. Among people living with HIV (PLHIV) who know their status, one quarter of men aged 25 to 34 years and women aged 20 to 24 years are not on ART. As a result, among men younger than 35 and women younger than 25, viral suppression rates are lower than 40 percent.

Women face additional challenges related to their sexual and reproductive health (SRH). Zambian women of all ages, and adolescent girls in particular, continue to experience high rates of unintended pregnancy. Forty-six percent of pregnancies among women younger than 20 are unintended. The 2014 Zambia Demographic and Health Survey (ZDHS) found that despite a significant decline (ranging from 12 to 52 percent) in fertility among other age groups, adolescent fertility has remained high, declining only 3 percent from 2007 to 2014. For women aged 25 and older, particularly those living with HIV, cervical cancer is another important health concern. Cervical cancer is the leading cause of female cancer deaths in Zambia, accounting for nearly 2,000 lives lost in 2018. Zambia’s incidence of cervical cancer is among the highest in the world² yet, cervical cancer screening services reach only 6 percent of urban Zambian women.

Finally, despite significant achievements in child health, approximately one third of Zambian children are stunted. The prevalence of diarrhea in children under five during the two weeks

² 2019 ICO/IARC Information Centre on HPV and Cancer. Available at: <https://www.hpvcentre.net/statistics.php>

preceding ZDHS 2018, at 15 percent, has not changed since 2007. Among children who experienced diarrhea, advice or treatment was sought for 69 percent and only 34 percent received the recommended treatment of oral rehydration solution (ORS) and zinc.

It is clear from these statistics that certain USAID/Zambia priority audiences, such as adolescents, men, PLHIV, and women of reproductive age are not fully served by the public sector. They face a myriad of real and perceived barriers in accessing health products and public health services, including inconvenient clinic hours, long wait times, unfriendly and judgmental health care provider attitudes, shortages of medicines, and a lack of privacy and confidentiality. Research indicates that some barriers are more important than others; a 2018 discrete choice experiment conducted among Lusaka-based HIV patients classified as lost to follow up suggested that clients prefer a facility with nice health care providers, even if it was located twice as far from their home, had wait times five times longer, and dispensed half as much medication.³ In a 2018 study of men's access to and use of HIV services,⁴ men cited systematic health system shut-out as a primary reason for not accessing health services, including gender of health care providers and a general feeling that the health system is designed for women and children – not men. Concerns about privacy and confidentiality were particularly pronounced among men living with HIV.

In addition to health system considerations, there are important knowledge and behavioral barriers to the uptake of SRH products and services among the target audience. Although both women and men demonstrate familiarity with modern contraception in general, knowledge of certain methods remains notably low. Anecdotal evidence points to widespread myths and misconceptions about the use of contraception, particularly long acting reversible contraceptives (LARCs). Knowledge of certain SRH products and services is poor; the target audience is largely naive to HIV pre-exposure prophylaxis (PrEP), HIV self-testing (HIVST), cervical cancer screening, and newly available contraceptives such as the levonorgestrel-releasing intrauterine system (LNG-IUS). Evidence also suggests that low perceived risk is a critical factor in inadequate uptake of SRH products and services. Although knowledge of condoms is near universal in Zambia, their use has stagnated over the past decade; population-based surveys consistently estimate typical condom use at 40 percent or less, even among individuals with multiple partners. A preponderance of global evidence also identifies institutionalized and internalized stigma and discrimination as obstacles to care-seeking among PLHIV, affecting the uptake of HIV and SRH services and health-seeking behaviors such as ART adherence.⁵

³ Zanolini et al. (2018) Understanding preferences for HIV care and treatment in Zambia: Evidence from a discrete choice experiment among patients who have been lost to follow-up. *PLoS Med* 15(8).

⁴ USAID District Coverage of Health Services (DISCOVER-Health) Project. (2019) Male Characterization Study: Preliminary Qualitative Stage Results. Presented 28 March 2019.

⁵ Sweeney SM and Vanable PA. (2016) The association of HIV-related stigma to HIV medication adherence: a systematic review and synthesis of the literature. *AIDS and Behavior* 20(1): 29-50.

Zambians already patronize the private sector for health services and products; according to the 2014 ZDHS, 36 percent of 15 to 19 year old girls and 47 percent of 20-24 year old women using oral contraceptives reported their brand of choice as SafePlan, the combined oral contraceptive pill socially marketed by USAID. Further, 52 percent of 15-19 year old girls and 55 percent of 20-24 year old women who used condoms reported using commercial sector or socially marketed condoms, primarily the USAID-supported Maximum brands. Among men, private sector condoms represented an even higher percentage at 62 percent. Since the 2014 ZDHS, and following a long absence of socially-marketed condoms from the Zambian market, it was estimated that commercial sector condoms gained market share. This finding would suggest that socially-marketed condoms may have been crowding out commercial alternatives among some market segments. Among all modern contraceptive users, regardless of age or sex, the 2014 ZHDS estimated that approximately 18 percent procured their methods in the private sector (including shops, largely for condoms and oral contraceptives). These figures demonstrate that the private sector already plays an important role in providing sexual and SRH products for youth, men, and women, and could be engaged to provide a broader range of products and services.

Previous USAID activities in social marketing

USAID/Zambia has a long history of investing in market-based approaches to improve the availability of certain health products across the country. In 1992, USAID launched socially marketed Maximum-branded condoms through Society for Family Health (SFH). The PRISM activity (2009-2014) supported the social marketing and free distribution of water treatment solution, male and female condoms, and oral contraceptives and delivery of LARCs, HIV counseling and testing, and voluntary medical male circumcision (VMMC) services in public and private sector facilities under the *NewStart* brand. Recently, the DISCOVER-Health activity supported the social marketing of male and female condoms, oral contraceptives, diarrhea treatment kits, and household water treatment products. .

A.3 PROGRAM OBJECTIVES

The main program objectives are to reach men, adolescents, women of reproductive age, and PLHIV with high-quality private sector health services. Product marketing and social and behavior change interventions will seek to achieve national coverage. Private sector health services will be focused in selected urban and peri-urban areas in Lusaka, Copperbelt, Central, Southern, and/or Northwestern Provinces.

- Objective 1: Stimulate demand for health products and services and increase the adoption of healthy behaviors
- Objective 2: Sustainably expand availability and accessibility of high-quality health services in the private sector
- Objective 3: Sustainably expand availability and accessibility of priority health products
- Objective 4: Strengthen the enabling environment for private sector health actors

Key anticipated results:

- Increased use of condoms;
- Increased use of modern contraceptive methods among women of reproductive age;
- Increased uptake of biomedical HIV prevention;
- Increased uptake of cervical cancer screening services;
- Increased initiation on and adherence to HIV treatment among PLHIV; and,
- Increased use of water treatment products.

A.4 PROGRAM DESCRIPTION

Applying a total market approach (TMA), the USAID ZAM-Health Activity will work with the GRZ, social marketing organizations, social franchising networks or other networks of private sector health care providers, nonprofit and civil society organizations (including community and faith-based organizations), and the commercial sector to achieve the objectives above. A TMA is used to increase access to priority health products and/or services in a sustainable manner, growing the market by better targeting free or subsidized products and services, reducing inefficiencies and overlaps, and creating room for the private sector to increase its provision of health services and commodities. The TMA will ensure that those in need are reached with the appropriate products and services: those in the poorest communities receive free products and services, those with slightly greater resources benefit from partially subsidized products and services, and those with a greater ability to pay purchase their products and services from the commercial sector.

The implementing approach will be informed by market analysis using existing assessments where possible; the applicant will review the current evidence and propose areas for additional data collection to inform strategic gaps only where necessary. The program must support GRZ strategies and plans at the national, provincial, and district level and collaborate closely with relevant USAID and PEPFAR-supported activities to ensure complementarity of interventions.

The program will employ a variety of platforms to deliver specific products, services, and messages to different population segments. Such platforms are envisioned to include the possible interventions under the following objectives:

Program Objective I: Stimulate demand for health products and services and increase the adoption of healthy behaviors (27%)

The following illustrative interventions are expected to be implemented by the program at national or near-national scale using mass and new media channels, complemented by comprehensive mid-media and interpersonal communication campaigns in targeted geographic areas and among specific audiences.

1. *Conduct comprehensive demand generation interventions for supported health products and services:* the partner may support both broad-based multimedia campaigns targeting the general public as well as micro-marketing efforts and interpersonal communication to reach specific priority populations such as youth and men. The partner may pursue co-financing from the private sector where feasible, particularly from commercial entities.

2. *Promote the adoption of healthy behaviors:* the partner may conduct SBC interventions for jointly-identified priority behaviors at the national, provincial, district, and community levels. Interventions may include communication through mass and mid-media, new media, and interpersonal channels, provider behavior change, or structural interventions.

Behavior change interventions will be conducted in collaboration with GRZ and according to USAID and GRZ priorities. The program will be expected to support the Zambia Ending AIDS campaign and the Life is Precious umbrella brand. Specific topics for SBC campaigns and interventions will be determined jointly with USAID and GRZ and may go beyond supported products or services (i.e. sleeping under an insecticide-treated bed net). Potential behaviors of interest include those that accelerate achievement of HIV epidemic control and improve maternal and child health, including malaria prevention. The program must be prepared to rapidly conduct behavioral research and intervention design using human-centered design principles and insights from behavioral economics to quickly roll out SBC interventions to meet evolving priorities. The partner may also provide technical expertise to GRZ through key platforms related to health promotion and social and behavior change at the national level.

Expected intermediate results:

- Increased reach and recall of key SBC messages among target audiences
- Improved knowledge of supported health products and services among priority populations
- Reduced stigma around HIV/AIDS and other SRH conditions and care-seeking for SRH

Program Objective 2: Sustainably expand availability and accessibility of high-quality health services in the private sector (38%)

The following illustrative interventions are expected to facilitate the delivery of high-quality health services through the private sector in selected urban and peri-urban areas in Lusaka, Copperbelt, Central, Southern, and/or Northwestern Provinces, where sufficient demand exists.

1. *Assess availability, accessibility, and quality of priority health services in the private sector:* the partner may compile existing market research or conduct total market assessments and undertake quality assessments for private sector health service providers and/or services. The partner may develop a plan to strengthen overall private sector health service delivery and specific services to be supported by the program.
2. *Facilitate the delivery of high-quality health services through the private sector:* the partner may support a network of private sector health care service providers through branding, promotion, and demand creation; health care provider training and basic medical equipment; supportive supervision and quality assurance; business, marketing, and management training; agreements with Medical Stores Limited (MSL) for key products; and/or supporting referral systems, data management, and the use of mobile and digital technologies. The partner must conduct regular quality assurance visits to

service providers, collect monitoring data, and ensure compliance with US Government policy requirements for global health and family planning assistance.

3. *Support health financing schemes and other strategies:* the partner may study and/or roll-out health financing schemes and other strategies employing resource mobilization, risk pooling, and/or purchasing to improve affordability of private sector health services for USAID priority groups. Interventions may include microinsurance, vouchers, bulk purchasing or other strategies to reduce operating costs, cross-subsidization of services, corporate social responsibility (CSR) investments, or other public private partnerships. The partner may link private sector providers to GRZ's National Health Insurance to ensure that select services provided through the network are covered by the scheme.

Expected intermediate results:

- Improved quality of private sector health care service delivery among supported facilities
- Improved accessibility and affordability of SRH services in the private sector
- Increased attendance of target population at health facilities.

Program Objective 3: Sustainably expand availability and accessibility of priority health products (27%)

The following illustrative interventions will be expected to achieve national or near-national scale for supported products:

1. *Analyze markets for priority products:* the partner may compile existing market research or complete total market assessments to select products best suited for commercial and social marketing and develop a marketing plan for each product.
2. *Support the commercial sector to market selected health products:* the partner may work with commercial partners to identify and refine existing products or develop new products to meet market needs. Interventions may include technical assistance to set pricing, establish and operationalize subsidies (if any), and plan for distribution; supply side support (training, equipment, etc.) to roll out products; and generic demand creation campaigns with co-financing from commercial partners. The partner may establish thresholds and timelines for graduating commercial products from USAID support.
3. *Socially market selected health products:* for markets not well served by the commercial sector, the partner may develop new products or refine existing USAID-supported products to meet the needs of target groups. Interventions may include establishing pricing strategies (including subsidization), distribution (including community based distribution), supply side support (training, equipment, etc.) to roll out products; and generic and brand specific demand creation campaigns to reach USAID's target population. The partner may develop sustainability plans for supported products, including needs for future USAID investment.

Current and recent USAID-supported products include: Ultimate condoms, Maximum* male

condoms, Klori-Pure and Klori-Safe water treatment products, SafePlan* oral contraceptives, and Maximum* Diva female condoms. (*brand owned by SFH)

Expected intermediate results:

- Improved reliability, reach, and sustainability of supported product supply chains
- Increased coverage of community-based distribution for priority products

Program Objective 4: Strengthen the enabling environment for private sector health actors (8%)

The partner may develop a roadmap to improve the ability of the private sector to sustainably provide accessible, high-quality health products and services to the Zambian people. The following illustrative policy, advocacy, and coordination interventions will have national-level impact:

1. *Strengthen MOH stewardship of private sector:* the partner may conduct advocacy, training, and technical assistance to facilitate a total market approach and private sector stewardship by MOH. Interventions may include technical assistance to GRZ regulatory and oversight institutions in private sector policy development and regulation; support public financing of private sector health services through national health insurance, social contracting, or other schemes; and facilitate private sector linkages with MSL. At the local level, the partner may support District Health Offices to incorporate private sector providers into existing training, monitoring, and referral plans and systems to improve overall service quality.
2. *Build capacity of health professional and private sector health associations:* the partner may provide technical assistance and training to professional associations of private sector health actors. Interventions may include technical assistance for organizing and coordination; disseminating updated practice guidelines; supporting self-regulatory activities such as professional accreditation; developing self-inspection checklists; conducting quality assessments; and mapping private health service providers.
3. *Develop strategies to improve data on private sector health care services:* the partner may support private sector reporting into the national health management information system (HMIS). Interventions may include development and deployment of data tools and systems with private sector health care providers, technical assistance to the MOH to integrate private sector data, and coordination of public and private actors to improve the use of data for decision making aligned with the TMA. The partner may also provide technical assistance to ensure that the private sector is taken into account during national quantification and forecasting exercises.

A.5 STRATEGIC ALIGNMENT

USAID/Zambia's new 2019-2024 Country Development Cooperation Strategy (CDCS) aims to partner with the Zambian government, civil society and private sector to advance the country's self-reliance through more effective development choices and governance, enterprise-driven economic growth, and increased resilience among its vulnerable citizens. Over the last 34 years, USAID has supported and implemented programs that target economic growth, health,

education, democracy and governance, and humanitarian assistance. The USAID ZAM-Health Activity will contribute to Development Objective 3, Capacity of Zambia's Government, Citizens and Private Sector Increased to Improve Health Outcomes and Meet Critical Needs of Vulnerable Populations, Sub-Intermediate Result (IR) 3.1 Utilization of quality health, water, and sanitation services and prevention practices increased, IR 3.2 Health, water, and sanitation systems' effectiveness, capacity and sustainability strengthened, and IR 3.3 Capacity to Protect Vulnerable Populations Enhanced. The CDCS is available from: <https://www.usaid.gov/zambia/cdcs>.

A.6 MONITORING, EVALUATION, RESEARCH, AND LEARNING

The performance of the activity will be measured and tracked through an agreed set of indicators to be proposed by the applicant that will monitor progress against the following desired results:

- Measured improvements in service quality among private sector health care providers
- Growth in demand or market size for target products and services
- Documented behavior change achieved among priority audiences
- Improved sustainability of products and services supported by the program.

The applicant will propose indicators clearly linked to key USAID/Zambia goals of identifying 95 percent of PLHIV, putting 95 percent of those individuals on HIV treatment, and achieving viral load suppression among 95 percent of people on treatment, as well as objectives related to uptake of PrEP, VMMC, cervical cancer screening, modern contraceptives, and water treatment products. PEPFAR's Monitoring, Evaluation, and Reporting (MER) indicators must be included where applicable.

In addition, the program will be accountable for achieving the following key milestones in a timely manner:

Milestone:	Completed by:
Launch of supply and demand interventions for existing USAID-supported socially marketed products to ensure continuity	Year 1 Quarter 2
Completion of initial market and service quality assessments (only as needed)	Year 1 Quarter 3
Commencement of health care service delivery through private sector providers	Year 2 Quarter 1
Launch of any new socially marketed products (if applicable)	Year 2 Quarter 4
Incorporation of private sector health care providers into national HMIS	Year 3 Quarter 2
Formalization of health financing schemes to ensure ongoing affordability of private sector health care services	Year 3 Quarter 4

Achievement of full cost recovery and/or commercial transition of certain supported products	Year 5 Quarter 1
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The program will develop an integrated monitoring and evaluation (M&E) and market surveillance system to track the proposed indicators as well as total market performance and the full contribution of the private sector to health outcomes in Zambia. The partner will ensure that market intelligence is shared with a wide audience, including both public and private sector entities, to reduce informational barriers to market entry and to facilitate the implementation of a TMA.

Collaborating, Learning and Adapting (CLA)

While there is no requirement that the Applicant develop a stand-alone CLA plan, the Applicant should incorporate a systematic CLA approach that involves strategic collaboration, continuous learning, and adaptive management. The CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative; test promising, new approaches in a continuous manner to identify improvements and efficiencies; and build on what works, and eliminate what does not.

Collaborating: Facilitating collaboration internally and with external stakeholders to understand local systems, context, and relationships, as well as to strengthen locally-led socio-economic development. This may involve stakeholder engagement in the learning process, and coordinating with other related projects to ensure complementarity and reduce overlap. This will also facilitate learning and knowledge sharing among projects that are related and complementary to the Activity.

Learning: Generating and incorporating new learning, innovations, and performance information into the project strategy to inform management and design. This may be achieved by integrating reflection into project implementation; engaging stakeholders in shared learning; and/or conducting analytical reviews of evidence that may support or contradict assumptions in relation to activity implementation. The recipient should define and execute a rigorous monitoring, evaluation and learning (MEL) plan as a tool to support CLA, and capture project progress and performance to ensure objectives are being met and learning captured.

Adapting: Adaptive management is an intentional approach to making decisions and adjustments in response to new information and changes in context. To achieve its objective, this program must ensure its interventions are aligned with the TMA and responsive to the needs of private sector partners, changing market conditions, and an evolving epidemiological context. The program must therefore:

- Continuously track and analyze indicators that provide sensitive and timely monitoring data on program interventions.
- Develop feedback loops to ensure the incorporation of monitoring data, lessons learned, and emerging best practices into program interventions.

- Build in opportunities to pause and reflect on program progress. These may include partner meetings, joint reviews, and work planning sessions, or other participatory and collaborative review efforts. These opportunities may focus on challenges and successes in implementation to date, changes in the operating environment or context that could affect programming, opportunities to better collaborate or influence other actors, and/or other relevant topics.
- Adjust implementation plans, interventions, management structures, and operational approaches based on contextual shifts or identified through reflection on performance, and documented through clear, well-articulated rationale for adjustments along the way.

A.7 STIP

USAID/Zambia applies Science, Technology, Innovation and Partnership (STIP) to enhance its development impact. The Applicant should integrated STIP into the activity as appropriate to make investments more cost-effective, accelerate the timeline for obtaining results, and/or bring ground-breaking innovations to scale.

A.8 SELF-RELIANCE AND SUSTAINABILITY

This program will contribute to Zambia's self-reliance by improving the ability of the health system to sustainably serve the needs of the Zambian people. It will strengthen the market for high-quality, private sector health products and services by addressing the following opportunities:

- Making space for commercial actors in health markets
- Supporting increased private sector stewardship within the Ministry of Health
- Developing supportive policies and regulations to ensure the entry and participation of private sector entities in the health sector
- Improving skills among private sector health care providers to deliver new health products and services
- Building demand for private sector services by improving knowledge of health products and services and addressing low ability to pay for health products and services among target audiences

A.9 COMPLIANCE WITH USG POLICY RESTRICTIONS

The program will be expected to ensure full compliance of sub-partners and health care providers with US government policy restrictions on family planning, HIV, and abortion. Any agreements with sub-partners or private sector health care providers will clearly stipulate US government policy restrictions, the roles and responsibilities of the prime partner and the partner/health care provider, and the mechanisms used to enforce contractual compliance. The program will develop a monitoring and management plan including regular quality assurance visits to supported health care facilities to assess compliance with US government policy regulations.

A.10 GENDER

Gender integration entails the identification and subsequent treatment of gender differences and inequalities during program design, implementation, monitoring, and evaluation. As part of the design and implementation of any proposed intervention, the applicant should assess and identify gender issues that affect the participation of men, women, boys, and girls equally in the program. Specifically, the program must:

- Demonstrate a consideration of gender issues in the design of interventions to maximize equitable access to services among men, women, boys, and girls. Particular attention should be paid to how health care services are promoted, accessed, and delivered among these different groups.
- Disaggregate indicators by age and sex to facilitate monitoring of men's, women's, boys', and girls' participation in the program.
- Develop strategies to monitor and avert or counteract unintended consequences (such as gender-based violence).

A.11 YOUTH INTEGRATION

This program is rooted in a Positive Youth Development (PYD) approach, which is based on the belief that, given guidance and support from caring adults, all youth (ages 10-29) can grow up healthy and productive, making positive contributions to their families, schools, and communities. The program will include concrete and practical approaches that will not only address the challenges that youth face to accomplish the program results, but will also involve and support young people in the decision-making, management and leadership of this program. The program should include concrete and practical approaches that are responsive to the challenges that youth face, and also involve and support young people in decision-making. Specifically, the program will:

- Engage youth in program design, implementation, evaluation, and policy development.
- Utilize USAID's PYD framework to design approaches that build skills, assets, and competencies; foster healthy relationships; strengthen the environment; and/or transform systems.
- Employ evidence on youth development and effective youth programming to inform program interventions.
- Track youth-specific indicators and disaggregated service delivery indicators, by age and sex, to monitor program participation and impact.

A.12 CLIMATE RISK MANAGEMENT

Climate risk management (CRM) is required for all USAID-supported activities. ADS 201 mal, stipulates that all USAID projects and activities comply with climate risk management requirements. Climate risk is the potential for negative consequences on activity objectives and/or outcomes due to changing climatic conditions. Climate risks can be manifested through potentially severe adverse consequences for development programs resulting from the

interaction of climate-related hazards with the vulnerability of societies and systems. A climate risk may arise when an activity element, target, or beneficiary is exposed to a climate hazard such as higher temperatures, flooding or drought.

Per USAID policy, moderate and high climate risks (<https://www.climatelinks.org/resources/climate-risk-screening-management-tool>) must be addressed in planning and during implementation.

This activity is rated as moderate risk and is therefore subject to the conditions below:

- The applicant must work with the GRZ to consider alternative ways to increase access to family planning and other health services during extreme weather events
- Integrate Climate Risk Management considerations in planning
- Use climate information for Zambia on recent and historical trends to conduct further assessment of potential climate risks and climate change opportunities related to this activity. This will help strengthen climate resilience for areas with moderate/high risk to extreme climatic events. The establishment of measures to mitigate risks or enhance the opportunities of climate change with help ensure that health services are resilient to shocks
- Implement mitigation measures, monitor, and report on CRM

A.13 ENVIRONMENTAL COMPLIANCE CONSIDERATIONS

USAID's mandatory life-of-project environmental compliance procedures require that the potential adverse impacts of USAID-funded and managed activities be assessed prior to implementation via the process defined in 22CFR 216 (Reg. 216) and the analyses which are documented via the Initial Environmental Examination (IEE). They also require that the environmental management mitigation measures ("conditions") are implemented over the life of the activity, and monitored for compliance and sufficiency.

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. ADS Parts 201.5 and 204 (<http://www.usaid.gov/policy/ADS/200/>) in part, requires that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities.

This activity will be covered under the 2019-2024 Integrated Health IEE. This activity is recommended for a Negative Determination with Conditions, meaning that, with specified mitigation and monitoring, no significant environmental impacts will result. The following conditions apply:

- The activity must have access to technical expertise to (a) assess planned activities for potential impact of medical waste issues (generation, handling, disposal) and to develop,

monitor, and report on implementation of management and mitigation plans, (b) ensure that mitigation measures correctly address medical waste management issues, and ensure that training and technical assistance materials are accurate and reflect sound waste management standards and practices. The activity must also have staffing capacity to implement all climate risk management requirements. This means that this activity will require a detailed Environmental Mitigation and Monitoring Plan (EMMPs) to be developed to capture each of the elements that can pose a risk to people and the environment and prescribe specific mitigation measures to minimize the impact

- It will also be required to develop an integrated medical waste management plan and implement it in tandem with the EMMP
- The activity must effectively implement, mitigate, monitor, and report on the EMMP annually/quarterly or more frequently in concurrence with regular reporting cycles and as part of close out, complete & submit a Record of Compliance (RoC) describing your implementation of EMMP requirements jointly with the final Environmental Mitigation and Monitoring Reports (EMMR). The partner must submit all reports (EMMRs) directly related to environmental compliance in general and waste management and climate risk management to USAID
- Integrate and provide for EMMP implementation in work plans and budgets.
- The activity is recommended to set aside 2-5% of the total budget for environmental compliance and climate risk management. This budget should cover, among other environmental compliance needs, all costs associated with healthcare waste generated from the implementation of this activity, including full personal protective equipment, bins, bin liners, sharps boxes, disinfectants, incinerators (operation and rehabilitation or the construction of new incinerators, etc.)
- Risks associated with increased use of water treatment products must be addressed through the provision of clear messages to the beneficiaries. The consumption of high doses of water treatment products could be harmful to consumers.
- Submit, for USAID/Zambia approval, an environmental review report for all sub-grants or sub-awards under this activity
- The partner will refer to the following and consult other USAID, Zambia Environmental Management Agency, and World Health Organization documents for guidance when developing an EMMP:

1. Healthcare waste:
https://www.usaid.gov/sites/default/files/documents/1864/FINAL_HCW_SEG_508_I2.02.19.pdf
2. Healthcare facilities:
https://www.usaid.gov/sites/default/files/documents/1860/SectorEnvironmentalGuidelines_HealthcareFacilities_2014.pdf
3. Solid Waste:
https://www.usaid.gov/sites/default/files/documents/1860/SectorEnvironmentalGuidelines_SolidWaste_2018.pdf
4. Integrated Health Office IEE: <https://ecd.usaid.gov/repository/pdf/51815.pdf>

5. An EMMP template can be found here:

<https://www.usaid.gov/documents/1865/environmental-mitigation-and-monitoring-plan-emmp>

The links below will direct you to important templates:

1. An Integrated Waste Management Plan template can be accessed here:
<https://www.usaid.gov/documents/1865/integrated-waste-management-plan-iwmp>
2. Record of compliance (RoC): <https://www.usaid.gov/documents/1865/record-compliance-roc>

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

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

USAID intends to award one (1) Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to \$38 million in total USAID funding over a 5 years period. USAID reserves the right to adjust the number of awards and/or funding levels.

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

The anticipated period of performance is five (5) years. The start date will be upon the signature of the award, estimated on or about September 30, 2020.

B.3 Substantial Involvement

Consistent with ADS 303.3.11, USAID/Zambia will be substantially involved in the implementation of the USAID ZAM-Health Activity. The intended purpose of the Agreement Officer's Representative (AOR) involvement during the implementation of the activity is to assist the recipient in achieving the supported objectives.

USAID's substantial Involvement during the implementation of this Agreement will be limited to the elements listed below:

A. Approval of the Recipient's implementation plans and Annual Performance Review

If at the time of award, the program description does not establish a timeline in sufficient detail for the planned achievement of milestones or outputs, USAID may delay approval of the recipient's implementation plan for a later date. USAID must not require approval of implementation plans more often than annually.

USAID requires the approval of implementation plans annually to ensure alignment with stated goals, milestones and outputs. The implementation plan communicates how and when the recipient will complete project activities and is drafted annually to describe new activities. This plan will be developed in partnership between the recipient and the AOR. The AOR will ensure that the implementation plans fit within the scope, terms and conditions of the agreement.

At the end of each fiscal year but within 30 calendar days of receiving the Recipient's annual performance report, the AOR must substantively review the recipient's annual performance against agreed on annual implementation plan by completing the performance review template. The AOR may consult with the AO, the Controller, any activity managers involved in monitoring the recipient, or any other parties with knowledge of the recipient's performance during the award period. The AOR may also use any available program monitoring data, site visit reports, or evaluations in completing the performance review.

If the Recipient's annual performance is significantly behind the targets on the annual implementation plan for the period, the Recipient will be put under a Corrective Action Plan (CAP). The CAP will be developed for the given reporting period (quarterly, semi-annually, or annually) depending on the missed performance/targets and when there appears to be potential for improvement.

If the Recipient continues to fail to perform under a CAP, or if the Recipient is failing to perform and there is no reasonable expectation that the CAP will help achieve successful performance, USAID may terminate the agreement in accordance with applicable regulations.

B. Approval of Specified Key Personnel

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

C. Agency and Recipient Collaboration or Joint Participation

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

- i. Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the recipient. USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.
- ii. Concurrence on the substantive provisions of sub-awards. 2 CFR 200.308 already requires the recipient to obtain the AO's prior approval for the subaward, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement. If USAID wishes to reserve any further approval rights for sub-awards or contracts, it must clearly spell out such Agency involvement in the substantial involvement provision of the agreement.
- iii. Approval of the recipient's Activity Monitoring, Evaluation and Learning plan (AMELP). This describes USAID involvement in monitoring progress toward the achievement of program objectives during the performance of the project, including written guidelines for the content of annual reports and final evaluations.

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

D. Agency Authority to Immediately Halt a Construction

USAID may include the statement “The AO may immediately halt a construction activity if identified specifications are not met.” In such cases, the AO must also attach the identified specifications to the award when it is being executed. Any material changes to the specifications must be treated as an amendment to the award.

B.4 Authorized Geographic Code

The geographic code for this program is **935** defined as any area or country, including the recipient country (Zambia), but excluding any country that is a prohibited source.

B.5 Nature of the Relationship between USAID and the Recipient

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

B.6 Title to Property

Property title under the resultant agreement shall vest with the recipient in accordance with the requirements of 2 CFR 200.

B.7 Assistance Award

USAID may (a) reject any or all applications, (b) accept applications for reasons other than cost, or (c) accept more than one application. USAID intends to award predominantly a cooperative agreement, but reserves the right to award any other form of assistance agreement. USAID may waive informalities and minor irregularities in applications received.

USAID may award the resulting assistance award(s) on the basis of initial applications received, without discussions, negotiations and/or oral presentations. Therefore, each initial application must contain the applicant's best terms from a technical and cost standpoint. However, as part of its evaluation process, USAID may elect to discuss technical, cost, or other pre-award issues with one or more applicants.

[END OF SECTION B]

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SECTION C: ELIGIBILITY INFORMATION

C.1 Eligible Applicants

Eligibility for this NOFO is restricted to local organizations. In the case of a consortium, the applicant must be the consortium lead and must identify any other members of the consortium or individuals tied to the implementation of the activity as described in the application, along with all sub-awardees. The respective roles of any other members of the consortium or individuals, including all sub-awardees, must be described, and separate budgets must be attached for each.

The Recipient must be a responsible entity. When considering making an award to an organization with limited or no previous experience, the AO may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the results of the program and comply with the terms and conditions of the award.

C.2 Local Organizations

This NOFO uses the PEPFAR definition of a Local Partner. Under PEPFAR, a local partner may be an individual, a sole proprietorship, or an entity. However, under this phase, for the applicant to be considered a local partner, the applicant must self-certify that their organization meets all three areas of eligibility listed below. Supporting documents for verification will be required at a later stage if the application is successful.

An entity (e.g., a corporation or partnership):

- a. *EITHER: Must be incorporated or legally organized under the laws of, and have its principal place of business in the country served by the PEPFAR program with which the entity is or may become involved;*

OR: Must exist in the region where the entity's funded PEPFAR Programs are Implemented

- b. *EITHER: Must be at least 75% beneficially owned at the time of application by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a);*

OR: At least 75% of the entity's staff (senior, mid-level, support) at the time of application must be citizens or lawfully admitted permanent residents of that same country, per subparagraph (2)(a);

- c. *Where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country.*

Note: The term ‘Region’ as used in sub-paragraph (2)(a) represents the 16 countries in the Southern African Development Community (SADC), namely; Angola, Botswana, Comoros, Democratic Republic of Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe.

These eligibility requirements apply only to the principal (prime) applicant. USAID welcomes applications from organizations that have not previously received financial assistance from USAID.

C.3 Cost Share

There is no cost sharing requirement anticipated under this award.

[END OF SECTION C]

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

Applicants will be evaluated and scored based on the Phase I (initial concept paper) and only the Apparently Successful Applicant will be notified and invited to participate in Phase 2 (full application). USAID reserves the right to make no award under this NOFO at any stage of the process.

D.1 Agency Point of Contact

Mohib Ahmed

Supervisory Agreement Officer
USAID/Zambia
Embassy of the United States of America
Subdivision 694/Stand 100 Ibex Hill Rd.
P.O. Box 320373
Lusaka, Zambia
Email: aaa-solicit-lusaka@usaid.gov

Alfred Kapambwe

Acquisition & Assistance Specialist
USAID/Zambia
Embassy of the United States of America
Subdivision 694/Stand 100 Ibex Hill Rd.
P.O. Box 320373
Lusaka, Zambia
Email: aaa-solicit-lusaka@usaid.gov

D.2 Questions and Answers

All questions regarding this NOFO must be submitted by email to aaa-solicit-lusaka@usaid.gov, no later than the date and time on the cover letter, as amended.

Subject line of email must read **“USAID ZAM-Health Activity 72061120RFA00003”**.

Any information given to a prospective Applicant concerning this NOFO will be furnished promptly on www.grants.gov to all other prospective Applicants as an amendment to this NOFO on grants.gov, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

D.3 Application Process

PHASE I: Concept Paper

Participation in Phase I is mandatory. Failure to participate in Phase I will preclude further consideration of the Applicant. Phase I will be the concept paper submission only. The Concept paper is a reduced and condensed format of application with a reduced number of pages and Annex requirements, as compared to the Final Application. If submissions exceed the page number maximum, only the pages up to the limit will be reviewed, and pages exceeding the maximum will not be considered. Initial Applications that do not meet the requirements of this RFA will not be considered.

USAID will acknowledge the submission of Concept Papers within three (3) business days and will review Concept Papers against the merit review criteria detailed in the NOFO. Individual results will be provided to each applicant within approximately 20 working days following the

meeting of the Selection Committee or Technical Evaluation Committee. USAID will notify potential Applicants of significant changes in the review process timeline through a written amendment to the NOFO.

The government will assess its level of ‘confidence’ that the applicant will successfully perform all requirements with regards to the merit criteria specified in this NOFO.

Evergreening

If USAID identifies opportunities to strengthen or fund a Concept Note or application by connecting it with other USAID mechanisms, other potential funders, and/or external partners, USAID may make that Concept Note or application available, internally or externally, for appropriate consideration.

Concept Paper Content and Format

Applicants are required to follow the Submission Information instructions set forth below and submit Concept Papers using the Concept Paper Template in **Attachment A** of this NOFO document.

Interested applicants should submit a Concept Paper via email to the POC listed in Section D.1 above. Under 5 CFR 1320, the Paperwork Reduction Action, only electronic copies of Concept Papers will be accepted. The Concept Papers must be received by the deadline on the cover page of this NOFO (demonstrated by the timestamp on the email when received by USAID).

When emailing a Concept Paper, each applicant must include the NOFO number and activity name in the subject line of the email and attachment/file name(s). USAID’s email server cannot handle more than 25 MBs of attachments per email. If the applicant must divide the submission into more than one email, please number the emails in the subject line and indicate in the email’s subject line the desired sequence of emails (i.e. USAID ZAM-Health Activity 72061120RFA00003, Email 1 of 3). It is the applicant’s responsibility to ensure that all necessary documentation is complete and received on time. In the event of technical difficulties, please contact USAID at the email address above.

All Concept Papers received by the submission deadline on the Cover Page will be reviewed for responsiveness to the NOFO and the required format. No additions or modifications will be accepted after the submission date. Concept papers that are submitted late or are incomplete may not be considered for Phase 2 (Full Application). Additional information in the Concept Paper not requested by the NOFO may adversely affect an applicant’s evaluation/review. Concept papers are not evaluated against other concept papers, but rather against the concept paper review criteria contained herein.

Clarity and specificity are important during the merit review process. Applicants are expected to submit an Initial Application that focuses on the strategy and approach to implementing the Goal and Objectives. In particular, the concept paper should focus on the intended approach and strategy, rather than significant detail at the intervention level. USAID may not consider

those Concept Papers that are vague or merely restate language found in the NOFO.

If USAID identifies opportunities to strengthen or fund a Concept Paper or application by connecting it with other USAID mechanisms, other potential funders, and/or external partners, USAID may make that Concept Paper or application available, internally or externally, for appropriate consideration.

Concept Paper Submission

This section presents guidance for the structure of the Concept Paper. To facilitate the competitive review of the Concept Papers, USAID will only consider Concept Papers conforming to the format prescribed below.

Concept Papers must be written in English and submitted electronically via e-mail in Word 2000 or Word 2003 text accessible or Adobe PDF. The Concept Paper must be written in Times New Roman 12-point font, on standard 8.5" x 11" paper, and be single spaced with one-inch margins and consecutively numbered pages. The Concept Paper must not exceed six (6) pages, excluding responses to Section A of the template (Cover Page). When a Concept Paper has more than 6 pages, the additional pages will not be evaluated. Figures, graphics, and tables may have less than Times New Roman 12-point font. The Concept Paper must adhere to the template in **Attachment A** of this document. Any Concept Paper not adhering to this format below will not be evaluated. Any additional reference material pages will be removed prior to evaluation.

Concept Paper Instructions

The concept paper application must address the following sections:

Criterion 1: Technical Approach

The proposed Technical Narrative must set forth the conceptual approach, methodology, techniques, and results — the “what”, the “how”, and the “resulting in” — for accomplishment of the stated results/objectives. The purpose of this approach is to allow the applicant creative freedom to develop a plan for resource organization and use. It should: (1) clearly define the goals, objectives, strategies and expected outcomes of the proposed program, outline the expected results and how they will be measured, including mechanisms of measurement; (2) describe the implementation schedule of program activities over the life of the project, including key milestones, and (3) briefly describe your proposed approach for each key technical component with overarching illustrative activities, such as family planning and SBC.

In this section, the Applicant must demonstrate its understanding of the local context, technical requirements and development issues that the Activity aims to address; challenges, risks and opportunities related to achieving the objectives outlined in this activity description; and awareness of the roles of key stakeholders in implementation of the activity.

The application must, at a minimum, provide a full description of the proposed approach that spells out a credible strategy for achieving, or exceeding the objectives outlined in this activity description. Applicants are to thoughtfully assess the Program Description and propose solutions that take into account the development constraints and how the activity will be sustainable after USAID assistance is concluded. Furthermore, the Applicants must briefly describe their proposed approach for each key technical component with overarching/cross-cutting illustrative activities, such as family planning and SBC

The application must include a Gantt Chart showing the proposed activities and associated timeline. Furthermore, a short [approximately ½ page] summary of the proposed Activity Monitoring, Evaluation, and Learning (MEL) approach should be included.

Criterion 2: Institutional Capacity and Past Performance

The Institutional Capacity Section should include information sufficient to evaluate the application under the institutional capacity criterion under the Merit Review Criteria in Section E below. Applicants must provide a clear description of their internal capabilities/resources and relevant experience/history to demonstrate the capacity to successfully manage the proposed project:

- Explain the core technical capacities/resources and institutional support that the Applicant offers.
- Provide a brief description of the Applicant's areas of expertise and capacities in implementing the requirements of this NOFO.
- Describe the organizational capabilities and expertise of any proposed subrecipients, if applicable.

PHASE 2: FULL APPLICATION

The full application will detail, and expand upon, the concept paper submitted during phase 1. Phase 2 leads to the Final Application including Annexes required at Phase 2 Final Application. The full application also requires the Applicant to complete specific U.S. Government forms, and to provide some additional information that USAID will need to move forward with an appropriate implementing instrument.

The full Application must be submitted in two separate parts: Technical Application and the Business (Cost) Application. Please see Attachment B of this NOFO, for information on the instructions, merit review criteria and content specific to the Technical and Business (Cost) applications.

[END OF SECTION D]

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SECTION E: APPLICATION REVIEW INFORMATION

E.I PHASE I: CONCEPT PAPER MERIT REVIEW CRITERIA

USAID will review for merit all Concept Paper applications that comply with the instructions in this NOFO. Concept papers will be reviewed by a Merit Review Committee according to the criteria described below. A Concept Paper is determined to be successful if it receives a Conditional Acceptance based on the two criteria below, which are listed in descending order of importance. [Note: The criteria below are for the Concept Paper only. Additional criteria are included in **Attachment B** for a full request for application for the Conditionally Successful Concept Paper Applicant.]

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

Order of Importance

The following evaluation criteria and sub-criteria are listed in descending order of importance starting with the most important criteria listed first. Therefore, Criterion # 1 is more important than Criterion # 2.

Merit Review Criteria

The merit-based review of concept papers under this NOFO must include the following criteria:

Criterion 1: Technical Approach

- The extent to which the concept paper demonstrates an understanding of the NOFO and background documents, and the technical approach builds on USAID's achievements; demonstrates the ability to achieve measurable and sustainable results; is logical, technically sound, and feasible; and incorporates state of the art and best practices, evidence-based interventions, and lessons learned across all key technical areas in the Program Description.
- The extent to which the concept paper reflects the Cross-cutting Considerations described in the NOFO, including: sustainability; adaptive management; compliance with USG policy restrictions; gender; effective youth integration; and collaboration.
- The extent to which the approach describes collaborative and systematic partnerships among stakeholders, including with GRZ, private sector (nonprofit and commercial) actors, and other development partners to enhance achievement of the four interrelated and interdependent IRs.

- The extent to which the MEL approach (1/2 page) logically and appropriately links to the evaluation criterion above.

Criterion 2: Institutional Capacity and Past Performance

The extent to which the proposed concept paper demonstrates institutional capability, technical and financial management capacity, and relevant technical expertise needed to achieve the proposed results. The organization can show work that has already been done in the area, demonstrate the organizations expertise through existing activities, and/or prior successes.

Past Performance information will be used for both the responsibility determination and best value decision. USAID may use performance information obtained from sources other than those identified by the applicant. USAID will utilize existing databases of agreements performance information, if any, and solicit additional information from the references provided in and from other sources if the Agreement Officer finds the existing databases to be insufficient for evaluating an applicant's performance.

If the performance information contains negative information on which the applicant has not previously been given an opportunity to comment, USAID will provide the Applicant an opportunity to comment on it prior to its consideration in the evaluation. USAID may give more weight to performance information that is considered more relevant and/or more current. The applicant's performance information determined to be relevant will be evaluated in accordance with the elements below:

- Quality of products or services, including consistency in meeting goals and targets;
- Timeliness of performance, including adherence to agreement schedules and other time sensitive project conditions;
- Effectiveness of management to make prompt and appropriate decisions and ensure efficient completion of tasks;
- Business relations, addressing the history of professional behavior and overall business-like concern for the interests of the customer, including coordination among sub-partners and other key partners and a cooperative attitude in remediating problems;
- Customer satisfaction with performance, including end user or beneficiary wherever possible;
- Effectiveness of key personnel, including appropriateness of personnel for the job requirements and prompt and satisfactory changes in personnel when problems with clients were identified; and
- Cost control, including forecasting costs as well as accuracy in financial reporting, ensuring that unnecessarily expensive technical assistance is not used when lower cost advisors are adequate, and pacing the expenditure of level of effort such that contract deliverables and outputs can be produced within budget.

Note: USAID will assign a neutral rating to an application which has no past experience history (e.g. new business).

E.2 PHASE 2: FULL APPLICATION

The Apparently Successful Applicant will submit a Final Application for review prior to the final evaluation for award. USAID will evaluate the Final Application including cost application for determination of “Award”. The full application will be reviewed for its technical merit against the full application review criteria by the Selection Committee. Using its technical expertise, the Selection Committee may suggest revisions and additions to the proposed project as well as potential partners and resources. USAID will continue to have robust communication with applicant, potential partners, and other key stakeholders regarding the technical substance of the evolving approach, as well as the identity and roles of proposed or additional partners. Additional information is included in **Attachment B for Phase 2**.

[END OF SECTION E]

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SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F.1 Federal Award Notices

USAID may (a) reject any or all applications, (b) accept applications for reasons other than cost, (c) accept more than one application, (d) accept alternate applications, and/or (e) waive informalities and minor irregularities in applications received.

The Successful Applicant(s) will receive a notice of award signed by the Agreement Officer as the authorizing document.

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

F.2 Administration and National Policy Requirements

For further information on how the award will be administered, please see the applicable provisions:

Award to U.S. organizations will be administered using 2 CFR 700, 2 CFR 200, and the governing Standard Provision is covered by ADS 303maa, Standard Provisions for U.S. Non-governmental Organizations are applicable, and found via the following link:

<https://www.usaid.gov/ads/policy/300/303maa>

For non-U.S. organizations, the prevailing Standard Provision consists of ADS 303mab, Standard Provisions for Non-U.S. Non-governmental Organizations:

<https://www.usaid.gov/ads/policy/300/303mab>

The electronic copies of the 2 CFR 200 and 2 CFR 700, respectively, are accessible at:

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

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

No deviations are currently contemplated to the standard provisions for the cooperative agreement resulting from this NOFO. All applicable standard provisions shall be incorporated into the resulting award. The standard provisions for U.S. and Non-U.S. Nongovernmental recipients may be accessed at the following locations:

For U.S. Nongovernmental recipients: <http://www.usaid.gov/ads/policy/300/303maa>
For Non-U.S., Nongovernmental recipients: <http://www.usaid.gov/ads/policy/300/303mab>.

F.3 Reporting Requirements

Pursuant to 2 CFR 200.327: “Unless otherwise approved by OMB, the Federal awarding agency may solicit only the standard, OMB-approved government-wide data elements for collection of financial information (at time of publication the Federal Financial Report or such future collections as may be approved by OMB and listed on the OMB Web site).

This information must be collected with the frequency required by the terms and conditions of the Federal award, but no less frequently than annually nor more frequently than quarterly except in unusual circumstances, for example where more frequent reporting is necessary for the effective monitoring of the Federal award or could significantly affect program outcomes, and preferably in coordination with performance reporting.”

The Recipient must adhere to all reporting requirements listed below. All reports must be submitted by the due date for approval by the USAID Agreement Officer’s Representative (AOR) designated by the Agreement Officer. The Recipient will consult the AOR on the format and expected content of reports prior to submission.

i. Financial Reporting:

Financial reports will be due on a quarterly basis and will include budget versus the actual expenditures, along with a brief analysis of any variance. The recipient must submit these forms in the following manner:

- (1) If the Recipient has a Letter of Credit with the US government then, on a quarterly basis, report expenditures/liquidations to DHHS electronically on the Federal Financial Report (FFR/SF-425), lines 10a – 10c and the FFR Attachment (SF-425A) using the DHHS Payment Management System.
- (2) The SF 425 (and SF 425a if necessary) must be submitted via electronic format to the Agreement Officer’s Representative (AOR), the Agreement Officer (AO), and the USAID/Zambia Financial Management Office. The Federal Financial Report (FFR/SF-425) is available in PDF or Excel format at the OMB website: http://www.whitehouse.gov/omb/grants_forms/
- (3) The financial reports are due 30 days after the end of each fiscal year quarter on October 30, January 30, April 30, and July 31.
- (4) If the Recipient has a Letter of Credit with the US government then, a copy of the “Final” Federal Financial Report (FFR/SF-425) report for this award is to be submitted to the USAID LOC Team at locfinalreport@usaid.gov.
- (5) The recipient must also submit an electronic copy of all final financial reports to USAID/Washington, M/CFO/CMPLOC Unit, Agreement Officer, and the AOR. The recipient must submit an electronic version of the final Federal Financial Report (SF-425) to U.S. Department of Health and Human Services in accordance with paragraph (a) above. (Such reporting requirements serve in liquidating payments).

The SF 425 form and instructions are available on GRANTS.GOV website.

ii. Performance Monitoring Reporting

The Recipient shall submit an electronic copy of the following reports in English to the Agreement Officer Representative (AOR) for approval with a copy to the Agreement Officer.

- a. **Draft Initial Implementation Plan:** A Draft Initial Implementation Plan must be submitted as an annex to the technical application. After award, a revised Initial Implementation Plan is due 30 days or on a date to be agreed with the AOR. This should be costed. The Recipient will revise and submit the revised implementation plan no later than 15 days after receipt of comments. If acceptable, the USAID Agreement Officer Representative (AOR) will provide a written approval of the final Initial Implementation Plan to the Recipient. Failure to have an approved implementation plan in place may be viewed as a failure to comply with essential terms and conditions of the award. Significant revisions to the approved implementation plan will require the additional written approval of the AOR.
- b. **Quarterly Performance Reports:** The recipient must submit a Performance Monitoring Report on progress toward agreed performance targets every three (3) months, based on a PMEP to be finalized after the award. Quarterly Performance Reports shall be submitted 30 calendar days after the end of the quarter pursuant to 2 CFR 200.328 except for the fourth quarter where this report is merged with the annual report.

The scope and format of the quarterly progress reports will be determined in consultation with the AOR, but the report should not exceed 1000 words not including tables and diagrams. The quarterly report should seek to be brief yet precise description of the activities, with emphasis on issues that have arisen, including budgetary over-run if at all, impacts made, constraints encountered, and suggestions for additional actions that might be taken with a short paragraph on environmental compliance. An environmental compliance section should address and describe the effectiveness of the mitigation measures, challenges encountered in the quarter under review and actions taken. The recipient is not required to submit the PMP quarterly report for the first quarter of the award. Success stories should be included in all the quarterly reports. Reports are due on January 31, April 30, and July 31 and must be submitted via email to AOR unless directed otherwise.

- c. **Annual Progress Report:** The annual progress report shall be a review of the previous year's accomplishments relative to the Performance Monitoring Plan, including challenges and success stories. Problems or issues encountered and how they were resolved shall be presented in the report. The report shall be submitted 30 calendar days after the end of the fourth quarter, or the end of the USG fiscal year (September 30), pursuant to 2 CFR 200.328. It shall be submitted in lieu of the fourth quarterly progress report. The scope and format of the annual progress report will be

determined in consultation with the AOR. This report is due on October 31 and must be submitted via email to AOR unless directed otherwise.

The annual report shall include a discussion, supported with quantitative and qualitative evidence, (which evidence shall remain auditable under the terms of the agreement and USAID program implementation procedures), of progress against indicators and/or impacts achieved to date with a short paragraph on environmental compliance. This shall include clear identification of which impacts achieved were within the manageable interests of the recipient and which were likely catalyzed by recipient-supported initiatives, leading to substantial, sustained achievement of results. This discussion will be instrumental in helping the Mission to complete mandatory reporting to Washington such as the Performance Plan Report and the Operational Plan.

- d. **Environmental Mitigation and Monitoring Plan (EMMP):** The Recipient must develop the EMMP as part of the annual work planning process describing how the project will implement the conditions in the IEE. This must include training of Recipient staff and sub-partners, when appropriate. The EMMP must be submitted to the AOR and Mission Environmental Officer with the initial Annual Work Plan within 45 days of the award effective date. The EMMP should include, where necessary, mitigation activities that improve occupational hygiene for both female and males taking their unique needs into account.
- e. **Branding and Marking Plan:** The recipient must develop a Branding Strategy and Marking Plan (BS&MP) to ensure the program and publicity materials clearly communicate that assistance from the U.S. Government is made possible by the generous support of the American people. Successful recipients must agree to follow the branding and marking policies established for assistance awards under ADS Chapter 320. The details of these policies and the official USAID Graphic Standards Manual, which includes guidelines on proper logo use and positioning, verbal branding and attribution, and co-branding with implementing partner logos can be found on the USAID website at www.usaid.gov/branding. Adhering to these guidelines in the ADS and the Graphic Standards Manual are compulsory for all USAID-funded program and communications materials. USAID will notify the apparently successful applicant for the draft BS&MP. The approved BS&MP will be attached with the award.
- f. **Monitoring, Evaluation, and Learning Plan:** Within 90 days of the award date, the partner must submit for USAID approval a monitoring, evaluation and learning plan (MEL) covering the life-of-the program, which includes specific, detailed plans to document, monitor and evaluate program performance. The MEL plan must establish specific, quantifiable performance indicators and targets for the overall objectives included in the final program description and activities in annual work plans; describe the establishment of monitoring systems to measure program progress against overall objectives; and present a plan for data collection and measurement of overall program outcomes and results, including collection of baseline data, and for the use of data collected by the program to improve program planning and performance. Indicators and data need to be gender-sensitive and disaggregated by age and sex where appropriate.

- g. **PEPFAR Semi-Annual Progress Report (SAPR) and Annual Progress Report (APR) Reports:** The Recipient must submit PEPFAR-related results achieved within the six and twelve months of the USG Fiscal Year for the PEPFAR SAPR and APR, respectively. The results are due three weeks after the last day of the reporting period. The AOR will provide guidance on the layout and content of this report.
- h. **PEPFAR Expenditures Analysis Reports:** The Recipient must complete and submit Form DS-4213 OMB 1405-0208, PEPFAR Program Expenditures to the AOR each year by October 31. The AOR will provide guidance on the layout and content of this report.
- i. **Semi-annual Portfolio Reviews:** The recipient must brief the USAID/Zambia Health team and members of the Finance, Procurement, Program, and Executive Office teams in person two times each year. The briefing requires a PowerPoint presentation that presents all semi-annual and cumulative results against previously agreed upon program targets, selected accomplishments for the previous six months, challenges, and projected procurement actions for the next six months. The recipient must submit information described above (indicators, results, targets, performance narratives, geo-locations, and success stories) to Dev-Results, the web-based database used by USAID/Zambia. This information must be submitted within fifteen days of the semi-annual portfolio review presentations.
- j. **Sustainability Report:** The recipient must submit for approval a sustainability plan 180 calendar days of the award date, covering the approaches that will be used to ensure the activities that will be implemented, will be sustained beyond the life of the project. The plan should highlight approaches that will be engaged partners, and the activities describing the processes and expectations. Progress on this should be included as a section in the quarterly narrative report.
- k. **Final Report:** The recipient must submit the Final Report within 90 calendar days after the expiration of the award. Electronic copy of the report shall be submitted to the AOR. The final performance report should contain the following information:
- Describe accomplishments in accordance with the specific paragraphs of the project description.
 - A comparison of actual activities and results with the plan established for the life of the project (presented in narrative and table format).
 - Describe reasons why targets were not achieved or surpassed and why activities were delayed or not carried out, if appropriate.
 - Success stories, including examples of synergy and collaboration with partners.
 - A summary of progress made in achieving indicator targets during the program (based on valid data collection and analysis and credible baseline).
 - A short paragraph on environmental compliance.
 - Other pertinent information, including recommendations with in depth analysis

and lessons learned related to the overall program results.

I. Demobilization Plan

- The Plan will include, at a minimum, an illustrative Property Disposition Plan addressing all requirements under contractual and local law for the transfer of property; a plan for the phase out of the award's operations; a delivery schedule for all reports or other deliverables required under the award; and a timeline for completing all required actions in the Demobilization Plan, including the submission date of the final Property Disposition Plan to the Agreement Officer.
- Both the illustrative and final Property Disposition Plans must include the inventory schedule required by 2 CFR 200.313, a plan for the disposition of property to eligible parties and a timeline for the disposition of such property. In addition, the Recipient will describe how all required prime and sub-award audits will be conducted after the demobilization of the Recipient. The Demobilization Plan must be approved in writing by the AOR and the Agreement Officer
- The Plan is due not less than four months prior to the completion date of the award; the Recipient must submit a Demobilization Plan.

REPORTS SCHEDULE

Document	Due Date
Financial Reports	Quarterly within 30 days at end of each fiscal quarter
Draft Initial Implementation Plan	Draft as annex of technical application and then revised 30 days after award
Performance Reports	Quarterly within 30 days at end of each fiscal quarter
Annual Progress Report	Thirty (30) calendar days after the end of the USG fiscal year
EMMP	Due with initial Annual Work Plan
Branding Strategy and Marking Plan (BS&MP)	Due prior to award (Note: <i>only</i> the apparently successful applicant will complete the BS&MP.)
Monitoring, Evaluation & Learning Plan	Within 90 days of the award
Annual Work Plan and detailed budget	Annually, to be submitted 30 days before the start of each fiscal year.
Sustainability Plan	180 days of the award and progress reported in the quarterly performance report.

PEPFAR Semi-annual Report	Three (3) weeks after the last day of the reporting period
PEPFAR Expenditures Analysis Reports	Each year by October 30, based on AOR guidance.
Semiannual Portfolio Review	Semi-annually to USAID/Zambia staff based on USAID guidance.
Final Report	Ninety (90) calendar days from close of the award

F.4 DEVELOPMENT EXPERIENCE CLEARINGHOUSE REQUIREMENTS

Development experience is the cumulative knowledge derived from the planning, design, implementation, evaluation, and results of international development assistance programs. The repository for USAID's cumulative knowledge is the Development Experience Clearinghouse (DEC), the largest online resource of USAID-funded technical and programmatic materials. The products of development activities include many types of materials: text, images, video, audio, maps, charts, and raw data. All of these products, except structured data or datasets (CSV, JSON, XML, etc.), must be submitted for inclusion in the DEC database. Raw data created or obtained with USAID funding must be submitted to the Development Data Library (DDL) in compliance with ADS 579, USAID Development Data. ADS Chapter 540 only covers the submission of information products to the DEC.

Materials must be submitted through the public-facing and searchable DEC Web site (<https://dec.usaid.gov/dec/content/submit.aspx>) or through the U.S. Postal Service delivery to the following address:

USAID Development Experience
Clearinghouse M/CIO/ITSD/KM
Ronald Reagan Building M. 01-010
U.S. Agency for International Development
Washington, DC 20523-6100

Note: Mail sent to USAID via the US Postal Service undergoes security and irradiation processing. To send sensitive items, like CDs or DVDs, please contact the DEC team at ksc@usaid.gov to arrange delivery. For questions on DEC submissions, contact:

Knowledge Service Center
M/CIO/ITSD/KM/DEC
Telephone: +1 202-712-0579 Email: ksc@usaid.gov

F.5 PROGRAM INCOME

No program income is anticipated to be generated under the award at this point. However, if program income is generated during the implementation of the program, the Agreement

Officer reserves his/her rights in determining exactly how that income will be treated and considered under the award, in line with 2 CFR 200.307. Otherwise, for U.S. Organizations, the following paragraph (e) (1) of the 2 CFR 200.307 must apply:

“(1) Deduction. Ordinarily program income must be deducted from total allowable costs to determine the net allowable costs. Program income must be used for current costs unless the Federal awarding agency authorizes otherwise. Program income that the non-Federal entity did not anticipate at the time of the Federal award must be used to reduce the Federal award and non-Federal entity contributions rather than to increase the funds committed to the project.”

F.6 ELECTRONIC PAYMENT SYSTEM

1. Definitions:

- a. **“Cash Payment System”** means a payment system that generates any transfer of funds through a transaction originated by cash, check, or similar paper instrument. This includes electronic payments to a financial institution or clearing house that subsequently issues cash, check, or similar paper instrument to the designated payee.
- b. **“Electronic Payment System”** means a payment system that generates any transfer of funds, other than a transaction originated by cash, check, or similar paper instrument, that is initiated through an electronic terminal, telephone, mobile phone, computer, or magnetic tape, for the purpose of ordering, instructing or authorizing a financial institution to debit or credit an account. The term includes debit cards, wire transfers, transfers made at automatic teller machines, and point-of-sale terminals.

The recipient agrees to use an electronic payment system for any payments under this award to beneficiaries, sub recipients, or contractors.

2. Exceptions.

Recipients are allowed the following exceptions, provided the recipient documents its files with the appropriate justification:

- a. Cash payments made while establishing electronic payment systems, provided that this exception is not used for more than six months from the effective date of this award.
- b. Cash payments made to payees where the recipient does not expect to make payments to the same payee on a regular, recurring basis, and payment through an electronic payment system is not reasonably available.
- c. Cash payments to vendors below \$3000, when payment through an electronic payment system is not reasonably available.
- d. The recipient has received a written exception from the Agreement Officer that

a specific payment or all cash payments are authorized based on the recipient's written justification, which provides a basis and cost analysis for the requested exception.

F.7 References Applicable

Regulations & References

- Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients:
<http://www.usaid.gov/policy/ads/300/303mab.pdf>
- Mandatory Standard Provisions for U.S. Nongovernmental Recipients:
<http://www.usaid.gov/ads/policy/300/303maa>,
- 2 CFR 700 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: <http://www.ecfr.gov/cgi-bin/text-idx?SID=18fce4045d211e74d460016792650587&node=201412191.358>
- 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

F.8 Standard Provisions

For non-U.S. organizations, the following Standard Provisions for Non-U.S. Nongovernmental Recipients will apply:

Mandatory Standard Provisions for Non-U.S. Nongovernmental Organizations

- M1. ALLOWABLE COSTS (DECEMBER 2104)
- M2. ACCOUNTING, AUDIT, AND RECORDS (DECEMBER 2012)
- M3. AMENDMENT OF AWARD AND REVISION OF BUDGET (AUGUST 2013)
- M4. NOTICES (JUNE 2012)
- M5. PROCUREMENT POLICIES (JUNE 2012)
- M6. USAID ELIGIBILITY RULES FOR PROCUREMENT OF COMMODITIES AND SERVICES (JUNE 2012)
- M7. TITLE TO AND USE OF PROPERTY (DECEMBER 2014)
- M8. SUBMISSIONS TO THE DEVELOPMENT EXPERIENCE CLEARINGHOUSE AND DATA RIGHTS (JUNE 2012)
- M9. MARKING AND PUBLIC COMMUNICATIONS UNDER USAID-FUNDED ASSISTANCE (DECEMBER 2014)
- M10. AWARD TERMINATION AND SUSPENSION (DECEMBER 2014)
- M11. RECIPIENT AND EMPLOYEE CONDUCT (AUGUST 2013)
- M12. DEBARMENT AND SUSPENSION (JUNE 2012)
- M13. DISPUTES AND APPEALS (DECEMBER 2014)
- M14. PREVENTING TERRORIST FINANCING (AUGUST 2013)
- M15. TRAFFICKING IN PERSONS (April 2016)

M16. VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)
M17. EQUAL PARTICIPATION BY FAITH-BASED ORGANIZATIONS (JUNE 2016)
M18. NONDISCRIMINATION (JUNE 2012)
M19. USAID DISABILITY POLICY - ASSISTANCE (JUNE 2012)
M20. LIMITING CONSTRUCTION ACTIVITIES (AUGUST 2013)
M21. USAID IMPLEMENTING PARTNER NOTICES (IPN) PORTAL FOR ASSISTANCE (JULY 2014)
M22. PILOT PROGRAM FOR ENHANCEMENT OF GRANTEE EMPLOYEE WHISTLEBLOWER PROTECTIONS (SEPTEMBER 2014)
M23. SUBMISSION OF DATASETS TO THE DEVELOPMENT DATA LIBRARY (OCTOBER 2014)
M24. PROHIBITION ON REQUIRING CERTAIN INTERNAL CONFIDENTIALITY AGREEMENTS OR STATEMENTS (MAY 2017)
M25. CHILD SAFEGUARDING (June 2015)
M26. MANDATORY DISCLOSURES (July 2015)
M27. NONDISCRIMINATION AGAINST BENEFICIARIES (November 2016)

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

RAA1. ADVANCE PAYMENT AND REFUNDS (DECEMBER 2014)
RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (DECEMBER 2014)
RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
RAA5. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
RAA6. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
RAA7. SUBAWARDS (DECEMBER 2014)
RAA8. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
RAA9. OCEAN SHIPMENT OF GOODS (JUNE 2012)
RAA10. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
RAA11. PATENT RIGHTS (JUNE 2012)
RAA12. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
RAA13. INVESTMENT PROMOTION (NOVEMBER 2003)
RAA14. COST SHARE (JUNE 2012)
RAA15. PROGRAM INCOME (DECEMBER 2014)
RAA16. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
RAA17. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
RAA18. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)

RAA19. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
RAA20. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
RAA21. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
RAA22. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
RAA23. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
RAA24. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
RAA25. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
RAA26. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
RAA28. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
RAA29. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017).

The following Provision has been written in full text:

Protecting Life in Global Health Assurance

The award will include the following standard provision:

PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[END OF PROVISION]

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

The Agreement Officer who will manage this award is:

TBD
USAID/Zambia
Subdivision 694/Stand 100
P O Box 320373
Lusaka 10101
Zambia

The Financial Office for this Award is:

Financial Management Officer
USAID/Zambia
Subdivision 694/Stand 100
P O Box 320373
Lusaka 10101
Zambia

E-Mail: invoice.za@usaid.gov

Note: If additional information is needed, the applicant may contact USAID/Zambia through aaa-solicit-lusaka@usaid.gov.

[END OF SECTION G]

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

SECTION H: OTHER INFORMATION

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 costs incurred in the preparation and submission of an application. 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.

Application with Proprietary Data

If the applicant does not want to disclose data to the public for any purpose or use by the U.S. Government except for review and award purpose, the applicant should mark the cover page with the following:

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

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

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

Please see the following links for information on the Cooperative Agreement/Grant process including tips for applying to USAID:

<https://www.usaid.gov/work-usaid/get-grant-or-contract/grant-and-contract-process>
<https://www.usaid.gov/partnership-opportunities/respond-solicitation>
<https://www.usaid.gov/work-usaid/how-to-work-with-usaid>

[END OF SECTION H]

[END OF NOTICE OF FUNDING OPPORTUNITY]

ATTACHMENT A. CONCEPT PAPER TEMPLATE

U.S.AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

ZAMBIA ACCESSIBLE MARKETS FOR HEALTH CONCEPT PAPER

A. Concept Paper Cover Page – (please complete the following questions below:)

1. **Proposed Activity Name/Title:** _____
2. **Proposed Period of Performance** (i.e., start date and end date): _____
3. **Total Program Amount** (in USDs and cite the exchange rate utilized): _____
4. **Total Amount of Funding Requested from USAID :** _____
5. **Applicant Organization Name:** _____
6. **Applicant Contact Person** (name, phone, e-mail): _____
7. **Full Address for Applicant Organization:** _____
8. **Type of Organization** (e.g., U.S., non-U.S., multilateral, private, for-profit, non-profit): _____
9. **DUNS Number:** (NOTE it is not required for an organization to have a DUNS number prior to submission of Concept Note; however, if an apparently successful applicant is notified, they must register within www.sam.gov prior to award) _____

Concept Introduction (approximately half [$\frac{1}{2}$] page): Describe why there is a strategic need for your organization's concept to reach men, adolescents, women of reproductive age, and PLHIV with high-quality private sector health services and briefly state your intervention for tackling this problem. Further, describe how your organization's concept differs from alternatives, and any relevant partner-specific considerations for the problem or solution. Explain how the proposed technical approach will advance Zambia's Journey to Self-Reliance.

B. Beneficiaries (approximately one [1] page): Describe the types of benefits your work will produce and the types and range of people that will benefit from this work. Was the concept designed with beneficiary input? Has it been, or can it be adapted to reach priority sub-populations?

C. Geographic Location (approximately half [$\frac{1}{2}$] page): In what location(s) (e.g., Provinces, Districts) are you proposing to operate? What are the biggest challenges and opportunities in the geographic location(s) in which you propose to work?

D. Intervention Approach (approximately one and a half [$2\frac{1}{2}$] pages): Building on the introduction, explain how this intervention will produce the desired impact. Briefly describe critical

barrier(s) or motivator(s), related to your focus area(s) that your concept addresses.

E. Intervention Results (approximately one [1] page): As specifically as possible, describe the anticipated results and/or impact of your activity.

F. Institutional Capacity and Past Performance of the Applicant(s) (approximately half [½] page): Describe your organization's technical, financial, and managerial capacity to carry out the proposed work and that of any consortium partners. Have you previously done similar work or relevant work, or worked in the same location(s)?

G. Local Partner Self Certification (Does not count against page limit)

The applicant must self-certify that it meets the PEPFAR definition of a local partner as described in Section C.

Self-Certification: The Applicant must submit the following:

We are responding to this NOFO as an entity.

As an entity, I [INSERT NAME AND TITLE] certify that as of [DATE] [INSERT ORGANIZATION NAME] meets all three areas of eligibility listed below:

1. EITHER ____ Incorporated or legally organized under the laws of, and has its principal place of business in Zambia;

OR ____ Exists in the region where the entity's funded PEPFAR Programs are Implemented
2. EITHER ____ Is at least 75% beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country;

OR ____ At least 75% of its overall staff (senior, mid-level, support) are citizens or lawfully admitted permanent residents of that same country; and
3. ____ We [____] do [____] do not have a Board of Directors

____ (only applicable to an organization with a Board of Directors) At least 51% of the members of the Board are citizens or lawfully admitted permanent residents of such country.

[List all documents that will be provided in the Annex to support the certification]

I [Name and Title] of [Name of Organization], further certify that the information provided is accurate, current and complete as of the date hereof. I also understand that any falsification of information could lead to suspension and/or debarment from future business with USAID and I am aware of the penalty prescribed in 18 U.S.C. 1001 for making false statements in this solicitation.

Solicitation No. _____

Application No. _____

Date of Application _____

*Name of Applicant*_____

*Typed Name and Title*_____

*Signature*_____ *Date*_____

Signature of individual with authority to obligate your organization