Issue Date:	June 14, 2018
Deadline for Question/ Clarifications:	June 25, 2018; 10:00 AM EST
Closing Date:	July 30, 2018
Closing Time:	12:00 PM EST
Subject:	Notice of Funding Opportunity Number: 72052118R00016
Program Title:	Orphans and Vulnerable Children II (OVC II) Activity

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified U.S. and Non-U.S. organizations to fund a program entitled "Orphans and Vulnerable Children II (OVC II) Activity". Eligibility for this award is not restricted; see Section C of this NOFO for eligibility requirements.

Subject to the availability of funds, an award will be made to that responsible applicant whose application best meets the objectives of this funding opportunity and the selection 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.

For the purposes of this NOFO, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer". Eligible organizations interested in submitting an application are encouraged to read this funding opportunity thoroughly to understand the type of 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. Potential applicants should regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity. Applicants will need to have available or download Adobe program to their computers in order to view and save the Adobe forms properly. It is the responsibility of the applicant to ensure that the entire NOFO has been received from the internet in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

The successful Applicant will be responsible for ensuring the achievement of the program objectives. Please read each section of the NOFO.

Please send any questions to the point 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.

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,

Adam Cox
Supervisory Contracting Officer

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ABBREVIATIONS AND ACRONYMS USED IN THIS NOFO

ADS	Automated Directive System
AGYW	Adolescent Girls and Young Women
AO	Agreement Officer
AOR	Agreement Officer's Representative
ART	Antiretroviral Therapy
BEST	Byen et ak Sante Timoun
CFR	Code of Federal Regulations
CSW	Commercial Sex Workers
DBS	Dried Blood Spot
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
EID	Early Infant Diagnosis
EMMP	Environmental Mitigation and Monitoring Plan
GBV	Gender-based Violence
GOH	Government of Haiti
IEE	Initial Environmental Examination
IMIS	Infectious Diseases and Reproductive Health
LNSP	Laboratory of Public Health
LTFU	Lost to Follow Up
MEL	Monitoring, Evaluation and Learning
NICRA	Negotiated Indirect Cost Recovery Agreement
NOFO	Notice of Funding Opportunity
OVC	Orphans and Vulnerable Children
PD	Program Description
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
PMTCT	Protection of Mother-to-Child Transmission
TB	Tuberculosis
USAID	United States Agency for International Development

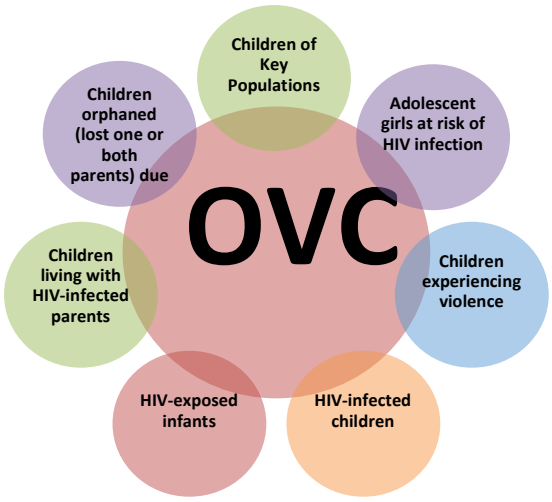
SECTION A: PROGRAM DESCRIPTION

OVERVIEW

Orphans and Vulnerable Children (OVC) programming has been a core component of the President's Emergency Plan for AIDS Relief (PEPFAR) since 2004, with 10 percent of total PEPFAR funding set aside each year to ensure that the specialized needs of OVC are effectively addressed through targeted interventions. Early implementation of OVC programming was achieved through support to the PEPFAR Track 1 partners, with Track 1 serving as a mechanism to achieve rapid implementation and results in response to the emergency phase of the HIV epidemic. In Haiti, the OVC program has evolved from Track 1 projects to the more recent Byen et ak Santé Timoun (BEST) project, which placed a greater emphasis on building the capacity of families, communities and systems to care for children affected by HIV/AIDS in more sustainable ways, as well as ensuring strategic service delivery. Ensuring a close link between OVC programming and the clinical cascade has also become increasingly important - for example, screening all OVC for HIV and ensuring those children found to be HIV-positive are linked to and retained in treatment and care. Currently, PEPFAR represents the largest contributor to OVC programs in Haiti, followed by the Global Fund. PEPFAR support for OVC has grown significantly, from serving 300 beneficiaries in 2004 to over 88,000 as of September 2017.

Similar to the OVC program, PEPFAR/Haiti's prevention of mother-to-child transmission of HIV (PMTCT) and pediatric HIV care and treatment programs have supported a number of partners over the past decade. Since 2009, USAID has supported the scale-up of early infant diagnosis (EID) for HIV-exposed infants. EID has been a critical component of care within the pediatric HIV PEPFAR program in Haiti. While the goal is to eliminate mother-to-child transmission of HIV, for those infants infected with HIV, early initiation of treatment is critical to achieving successful health outcomes and reducing morbidity and mortality.

By integrating health care for HIV-infected and affected OVC, including EID services for HIV-exposed infants with capacity building support for families and communities caring for OVC, the new USAID OVC II Activity will strengthen the continuum of care for OVC in Haiti. In this way, this four-year Activity will improve health and well-being outcomes among OVC, enabling children in Haiti to grow into healthy, educated, young adults free from violence and the ill-effects of HIV.



OVC

According to the Hyde-Lantos PEPFAR Reauthorization Act of 2008, OVC include, "Children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic

effects." This definition includes newborns, adolescents, boys and girls, HIV-infected, exposed and affected children, and those free from the disease, but vulnerable to HIV infection and/or its effects. Figure 1 above depicts priority OVC sub-populations. OVC programs coordinate closely with other PEPFAR programs targeting children and their caregivers, including PMTCT, pediatric and adult HIV care and treatment, as well as DREAMS-like programming (**D**etermined, **R**esilient, **E**mpowered, **A**IDS-free, **M**entored, and **S**afe) to provide layered services to vulnerable adolescent girls and young women to keep them HIV-negative. Integration of clinical and community platforms, with functional bi-directional referral systems, is critical to ensuring essential health and social service delivery for OVC, as well as strengthening the HIV continuum of care among OVC and their parents/caregivers.

Early Infant Diagnosis (EID)

There is a clear linkage between OVC and PMTCT, including EID and pediatric HIV services. Whereas PMTCT and EID programs strengthen HIV case identification and linkage to EID and pediatric services, OVC programs address the socio-emotional needs of HIV-infected and affected children, provide socio-economic support to families, as well as strengthen HIV prevention by reducing vulnerability. OVC programs also help to ensure that children at risk of HIV infection are screened, tested and linked to and retained in care and treatment. Beginning in 2009, PEPFAR/Haiti has prioritized the scale up of effective PMTCT interventions. Since that time, the PEPFAR program in Haiti has achieved much success in initiating HIV positive pregnant women and their HIV-infected infants on antiretroviral therapy (ART). Two key activities leading to this success included ensuring the availability and access to Option B+ (a prevention of vertical transmission approach for expectant mothers living with HIV in which women are immediately offered treatment for life, regardless of their CD4 count), as well as expanding access to and uptake of EID services.

USAID also supported the scale up of EID services in Haiti through the provision of on-site technical assistance, as well as through linking health facilities with access to state-of-the-art dried blood spot (DBS) HIV testing at two laboratories in Port-au-Prince: the National Laboratory of Public Health (LNSP) and GHESKIO/Institute of Infectious Diseases and Reproductive Health (IMIS). Starting from six EID sites at the start of the scale up in 2009, and then moving currently into all PEPFAR-supported treatment sites, USAID facilitated an increase in DBS testing from 1,797 infants in 2010 to 8,149 infants by the end of September 2017.

The New OVC II Activity

The new Activity, entitled Orphans and Vulnerable Children II (OVC II), will address the needs of OVC in Haiti, ensuring adequate access to a wide range of prevention, care, and treatment services based on the changing needs and circumstances of OVC, their caregivers and families. Ensuring a continuum of care between facility-based PMTCT, pediatric HIV and community-based OVC activities, requires that beneficiaries be able to access a variety of community-based supportive services, including health, nutrition, education, protection, psychosocial support, economic strengthening, and other social services. The continuum requires a strong system for referrals and counter referrals between facilities and communities. Given this bi-directional relationship, the OVC II Activity will coordinate closely with Project Santé, USAID's largest health service delivery project, which supports primary health care services (including HIV, TB, maternal child health, family planning, nutrition and OVC) throughout the country.

Activities under the new OVC II Activity will target communities, families and children living in catchment areas where Project Santé is present and provides PMTCT, EID and pediatric HIV programs and areas supported under the extended PEPFAR network. Children and families targeted for OVC activities will be identified through clinical, community, and/or social service entry points. Targeted children may be HIV-infected or exposed, living with an HIV positive parent/caregiver, orphaned due to HIV/AIDS, vulnerable to HIV infection and/or its effects by virtue of living in communities with high HIV burden, extreme poverty, experiences of abuse, exploitation or neglect, disability or other risk factors. The Activity will prioritize the enrollment of pregnant women and infants defined as lost to follow up, HIV positive children and adolescents, children who have received their first polymerase chain reaction (PCR) negative test, but require a second PCR test after breastfeeding, children experiencing violence, highly vulnerable adolescent girls and young women (AGYW) at risk of HIV infection, children living with an HIV positive parent/caregiver, orphans due to HIV/AIDS, and children of key populations (including men who have sex with men [MSM] and commercial sex workers [CSW], and prisoners).

This new four-year Activity will support Haitian children living with and/or affected by HIV/AIDS to grow into healthy, educated, young adults free from violence and the ill-effects of HIV. In order to achieve this goal, the OVC II Activity has been designed to meet the following objectives:

1) Expand early identification of HIV-infected infants and ensure linkage to treatment;
2) Improve health care and social service delivery for HIV-infected and affected OVC;
3) Increase the capacity of families and communities to care for OVC including, HIV risk prevention among adolescent girls and young women.

Objective 1: Expand early identification of HIV-infected infants and viral load testing

The new OVC II Activity will expand the EID network program and viral load testing nationwide to priority geographic areas as defined by PEPFAR. In addition, EID will extend to all USG-supported PMTCT service delivery sites and provide training and mentorship to ensure the quality of blood specimens and reduce the turnaround time between EID specimen collection and the return of results to clinics. The Activity will also expand viral load testing by working in close collaboration with all relevant PEPFAR and USAID partners and specifically work toward monitoring and increasing viral load suppression among HIV positive OVC.

Objective 2: Improve health care and social service delivery for HIV-infected and affected OVC

The OVC II Activity will contribute to case identification, linkage to ART, retention and adherence to treatment, viral load suppression for HIV-infected pregnant mothers, infants and children, as well as facilitate access to more general, but equally critical health services, for children regardless of HIV status. In addition, it will facilitate access to education, psychosocial support, protection, and other social services for HIV-infected and affected OVC.

Objective 3: Increase the capacity of families and communities to care for OVC, including HIV risk prevention among adolescent girls and young women

This Activity will build the capacity of families to improve household financial security and meet the financial and socio-emotional needs of children, as well as build the capacity of communities to identify and effectively support vulnerable children and families. The Activity

will also focus interventions on HIV prevention and risk avoidance among adolescent girls and young women (AGYW), and gender-based violence (GBV) prevention and response.

BACKGROUND

A. Country Context

Widespread poverty and the overall poor socio-economic conditions in Haiti were exacerbated by the 2010 earthquake and subsequent natural disasters, which have left families and other community support structures weak, overwhelmed, and unable to adequately care for the most vulnerable. As the backbone and engine of the Haitian economy, women are the primary operators in markets nationwide. However, since the 2010 earthquake, the economic situation in Haiti has slowly deteriorated. In rural areas, the situation is even worse, with many families facing high food insecurity and economic collapse due to recent natural disasters and high food prices.

As one of the poorest nations in the world, Haiti is plagued by persistent poverty and lagging development. Haiti is classified as a low-income country with a gross domestic product (annual percentage growth) of 1.3 percent. More than half of Haiti's population lives below the poverty line of $1.25/day. Life expectancy at birth is 61 years[1] compared to 74.4 years for the Latin American and Caribbean (LAC) region. Fifty (50%) of children attend school[2]. Thirty- three percent (33%) of the Haitian population are less than fifteen years of age[3]and eight percent of mothers are teenagers.[4]

B. Health Context

Haiti's health indicators clearly reveal weaknesses in the country's health system. While the recent Demographic and Health Survey (DHS) 2017 suggests that trends in mortality and morbidity are improving, poor health outcomes and low utilization of services persist. Nearly 40 percent of Haitians have no access to basic primary health care. The country also has the highest rate of tuberculosis (TB) in the Western Hemisphere, with an incidence of 230 cases per 100,000 people.[5]

	2006 DHS	**2012 DHS**	**2017 DHS**
Childhood mortality (per 1,000 live births)	31	31	24
Infant mortality (per 1,000 live births)	57	59	59
Neonatal mortality (per 1,000 live births)	25	31	32

[1] Population Reference Bureau (PRB) 2017
[2] World Bank 2013
[3] Population Reference Bureau (PRB) 2017
[4] Haiti Demographic Health Survey (Haiti DHS) 2017
[5] WHO Global TB Report 2010

% Children wasted	10.2	5.1	3.7
% Children stunted	29.4	21.9	21.9
Maternal mortality	630	Not captured	Not captured
Total Fertility Rate	3.9	3.5	3.0
Women using a modern family planning method	25%	31%	31.8%
% Children fully immunized	41%	45%	41%
HIV prevalence	2.2%	2.2%	2.0%
ART coverage (% of eligible HIV+)		68%	62%

Childhood mortality (deaths between one and five per 1,000 live births in the last five years) declined from 31 in 2012 to 24 in 2017. However, no progress was observed in reducing neonatal mortality rates (deaths between birth and one month old per 1,000 live births), which rose from 31 in 2012 to 32 in 2017. Infant mortality (deaths between birth and one year old per 1,000 live births) remained flat from 2012 to 2017 at 59 per 1,000 live births. The lack of progress in reducing infant and neonatal mortality is driven in part by the fact that over 60 percent of births in Haiti still occur outside of health facilities without a skilled provider.

Improvements were observed in the proportion of children who are wasted (weight-for-height) dropping from 5.1 percent in 2012 to 3.7 percent in 2017. Stunting had shown steady declines, however, the DHS revealed that nearly one in four children (22 percent) under five is chronically malnourished, reflecting a long-term pattern of under-nutrition in Haiti. The proportion of children who received all eight essential vaccines rose from 18.7 percent in 1994 to 45.2 percent in 2012, but then decreased to 41.4 percent in 2017. Relatedly, the proportion of children who received no vaccines dropped dramatically from 24.7 percent in 1994 to 6.9 percent in 2012, but then increased to 9.7 percent in 2017.[6]

C. Challenges Facing Haiti's Children

Haiti has a generalized HIV/AIDS epidemic with a prevalence of 2 percent, though higher rates are observed among most-at-risk/key populations (KP), including CSW and MSM. Of the 147,000 people estimated to be living with HIV/AIDS in Haiti, 7,575 of these are children between 0-14 years. Of the 6,509 children who tested positive for HIV, only 3,813 of them are currently linked to treatment and receiving ART; reflecting only 58 percent of those who are eligible.[7] Among children on ART, only 44 percent had suppressed viral loads (VL<1,000).

[6] Haiti DHS 2017

[7] DATIM figures as of January 2018

Sadly, many of those HIV positive pediatric cases not linked to treatment are likely now deceased. This loss of life is completely preventable and simply unacceptable. Urgent, effective measures are needed to significantly increase the linkage of HIV positive children to treatment and to retain them on treatment.

In addition to the issue of linkage and retention, other challenges exist that require concerted effort to overcome. One of the most pressing challenges facing HIV positive individuals, including children, is the high level of stigma they encounter, especially at the community level, and even within health facilities. Stigma and discrimination against PLHIV threatens the country's ability to move towards epidemic control and must be addressed in order to keep these individuals, including children, on treatment. Due to the high level of stigma, children of KP in particular are increasingly vulnerable and face more risks in all core areas of care, development, and protection. These children are more likely to be affected by food insecurity and malnutrition, have lower school enrollment, lack a birth certificate, have poor access to essential health services, lack appropriate child care, and face stigma in all areas of life. These factors can significantly elevate their risk of becoming HIV positive. Currently, there are major gaps in HIV case-finding, linkage to care and treatment services, and adequate treatment coverage and retention among children of KP. Models of care, support and treatment utilizing a family-centered approach, inclusive of KP and their children, are critical to reaching these populations. The new OVC II Activity will increase pediatric HIV case identification, linkage to treatment, and adherence among children of KP and other priority OVC sub-populations, as well as increase their access to social services and support.

Beyond those children who are themselves HIV positive, orphaned by HIV/AIDS, or are the children of KP, many others live in communities with high HIV burdens and are therefore vulnerable to the disease. Many other children have experienced adverse events during their lives, including physical and sexual violence, which further increases their likelihood of engaging in risky behavior and becoming infected with HIV. Results from the Violence Against Children Study (VACS) in Haiti (2012) and other reports indicate that Haiti suffers from high rates of child abuse and exploitation, including physical and sexual violence against children.
In Haiti, sexual violence and other forms of GBV are serious, life-threatening protection issues primarily affecting women and children. Throughout Haitian history, violence against women and girls has been a stark reality. The high risk of physical and psychological violence, trafficking, and rape of women and girls is compounded by the fear of devastating social stigma and shame, trapping survivors in a culture of silence. This is exacerbated in Haiti by organized crime and impunity, political instability, poverty and unequal power relationships between men and women. For many families still displaced by the 2010 earthquake and subsequent natural disasters, the risk of GBV has been increased due to unsafe living conditions and deeper poverty. Given the relationship between violence and HIV infection, high rates of violence against children indicate another alarming level of vulnerability.

I.

II. RELATIONSHIP TO U.S. GOVERNMENT PRIORITIES

A. Mission's Strategic Framework (FY 2018-FY 2020)

In December 2017, USAID/Haiti's Strategic Framework (FY 2018-2020) was approved to guide the planning and implementation of the Mission's investments in country. The Strategic

Framework operates with the overarching goal of contributing to a foundation for resilience, stability, and inclusive growth and focuses its programming around four Development Objectives (DO). Under *DO 3 Health Outcomes Improved* are the following Intermediate Results (IR):

IR3.1 Health systems strengthened
IR3.2 Utilization of quality primary health care services increased
IR3.3 Utilization of safe, sustainable water, sanitation and hygiene (WASH) services increased

USAID's new OVC II Activity will directly contribute to increasing utilization of primary health care services through identifying HIV positive OVC and linking them to care and treatment services. The activity will also facilitate access for HIV positive pregnant women, OVC and other children, regardless of HIV status, to a broad range of primary health care services, including early childhood development, nutrition, antenatal care, family planning/reproductive health (FP/RH), WASH and other essential services.

B. PEPFAR Guidance for Orphans and Vulnerable Children Programming and U.S. Government Action Plan on Children in Adversity

All OVC II activities will align with PEPFAR's Guidance for OVC Programming and Technical Considerations. The guidance includes shifting OVC programs from emergency-based interventions to a more sustainable approach focused on family strengthening and capacity building. The guidance highlights and defines the roles and responsibilities of key actors along the spectrum of OVC care and support. Directly in line with this guidance, the new OVC II Activity will provide child-focused and family-centered interventions that: 1) Support efforts to reduce educational disparities and barriers to access; 2) Prioritize psychosocial care and support; 3) Reduce the economic vulnerability of families and empower them to provide for the essential needs of their children; 4) Improve children's and families' access to health and nutritional services; 5) Develop appropriate strategies for preventing and responding to child abuse, exploitation, violence and family separation; 6) Develop strategies to ensure basic legal rights; and 7) Build the capacity of the social service system, wherever possible.

The U.S. Government Action Plan on Children in Adversity (2012-2017) was created to promote coordinated, comprehensive, and effective assistance to prevent and respond to the needs of children facing severe deprivation, exploitation, and danger. The plan promotes three principal objectives: 1) Build strong beginnings; 2) Put family care first; and 3) Protect children. The OVC II Activity will contribute to each of these objectives through effectively coordinating and targeting life-saving health programs for very young children, providing household economic strengthening and parenting education, and providing activities to enable vulnerable families to better meet the needs of children in their care. In addition, activities implemented at both the facility and community levels are expected to prevent and respond to violence perpetrated against children.

C. Other relevant USAID programs

The new OVC II Activity will link closely with several USAID health activities, including Project Santé, the new, integrated health service delivery activity, EQUIP, Linkages, and the

4Children (4C) DREAMS-Like Activity. The OVC II Activity will coordinate closely with 4C during the first year of implementation to ensure complementarity of activities, before transitioning to manage the full set of DREAMS-Like/ AGYW interventions beginning in year two. The Activity will also work closely with other USAID-supported nutrition activities, including Food For Peace and AKSYON, to ensure acutely malnourished children and pregnant women are linked to HIV testing services and OVC platforms, as necessary. The Activity will also link to activities that provide legal services for GBV survivors, such as the Haiti Justice Sector Strengthening Program (JSSP), and leverage, wherever possible, other USAID supported investments in education, school feeding, economic growth, advocacy and education.

III.

IV. OBJECTIVES AND EXPECTED RESULTS

The new four-year OVC II Activity will support Haitian children living with and affected by HIV/AIDS to grow into healthy, educated, young adults free from violence and the ill-effects of HIV. In order to achieve this goal, the OVC II Activity has been designed to meet the following objectives:

1) Expand early identification of HIV-infected infants and ensure linkage to treatment;
2) Improve health care and social service delivery for HIV-infected and affected OVC;
3) Increase the capacity of families and communities to care for OVC, including HIV risk prevention among adolescent girls and young women (AGYW).

Objective 1: Expand early identification of HIV-infected infants and ensure linkage to treatment

The new OVC II Activity will expand the EID network program and viral load testing nationwide. In addition, EID will extend to all USG-supported PMTCT service delivery sites and provide training and mentorship to ensure the quality of blood specimens and reduce the turnaround time between EID specimen collection and the return of results to clinics. The Activity will also expand viral load testing by working in close collaboration with all relevant PEPFAR and USAID partners and specifically work toward monitoring and increasing viral load suppression among HIV positive OVC.

Currently, 149 sites nationwide have access to virologic testing for HIV, which enables infants who are diagnosed with HIV to be initiated on ART as early as six weeks of age, consequently increasing their chances for survival. The OVC II Activity will continue to support the existing network by: 1) ensuring continued access to people living with HIV/AIDS (PLHIV), particularly pregnant and breastfeeding women at those sites; 2) working closely with the site managers and PMTCT case managers to ensure adequate oversight of PMTCT programs; 3) ensuring that personnel at supported sites are properly trained to take dried blood spot (DBS) samples; 4) managing the transport of DBS samples to central laboratories (LNSP and GHESKIO); 5) ensuring that sites receive lab results within six weeks of samples draw; 6) scaling up testing coverage for infants born outside of the PEPFAR supported facilities by linking with other networks, including Ministry of Public Health and Promotion (MSPP) and NGO supported facilities. A strong monitoring and evaluation component is expected in order to capture and follow EID data trends within the existing and expanded network.

Illustrative Interventions

- Develop and implement a strategy to scale up the EID program to all USG-supported PMTCT service delivery sites. This includes initiating the provision of EID services in remote and hard to reach sites.
- Ensure the quality of EID services at existing sites to improve outcomes for mothers and infants by ensuring early diagnosis of HIV, linkage to ART, retention in care and treatment, and viral load suppression.
- Train and provide ongoing mentorship and support of health personnel at sites involved in EID program, including implementation/support of continuous quality improvement (CQI) models for ensuring effective site management of identified issues.
- Ensure the proper collection, quality, and use of PMTCT and EID related data at supported sites (in collaboration with relevant service delivery and information system partners).
- Provide support in the transportation of DBS samples from supported EID sites to LNSP and GHESKIO in collaboration with those two laboratories, as needed.

Expected Results

1. 80% of infants born to enrolled HIV positive women who had a virologic test done test by two months of age, 100% by 12 months of age (PMTCT_EID)
2. 100% of infants identified as HIV-infected are initiated on ART (PMTCT_EID_POS, TX_NEW)
3. 100% of collected samples delivered to laboratories within a four week period
4. 100% of sites have personnel trained in collecting and storage of DBS samples
5. 100% of sites receive all PCR test results within a six week period from the time samples are taken
6. Increased number of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected within 12 months of birth
7. Increased number of children newly enrolled on ART
8. Increased percentage of children on ART who are virally suppressed
9. Increased percentage of final outcomes among HIV exposed infants registered in a birth cohort

Final targets will be established in collaboration with USAID at the onset of the Activity and will be based on PEPFAR OVC targets for Haiti.

Objective 2: Improve health care and social service delivery for HIV-infected and affected OVC

The new OVC II Activity will increase retention and adherence to ART among HIV positive pregnant mothers, infants and children, as well as facilitate access to more general, but equally critical, primary health care services for children regardless of HIV status. In addition, the Activity will facilitate access to critical education, psychosocial, protection, and other social services for HIV-infected and affected OVC.

Sub-Objective 2.1: Early identification and enrollment of HIV-infected and affected OVC

The Activity will prioritize HIV risk screening among OVC in order to improve targeted referrals for testing and pediatric HIV case identification. This includes a focus on increasing index case testing of children for HIV and TB, based on the identification of an HIV positive parent/caregiver or sibling. The Activity will ensure that children of KP, including CSW, MSM and prisoners, are tested and receive appropriate program support. The Activity will ensure systematic coordination with PMTCT, pediatric and adult care and treatment implementing partners, using clinical entry points to maximize enrollment of HIV positive children, HIV exposed children, and children of PLHIV receiving care and treatment, into the OVC program.

Sub-Objective 2.2: Improve retention and adherence for HIV positive pregnant mothers, infants, and children

Retention and adherence to ART are necessary for ensuring viral load suppression and moving Haiti closer to achieving epidemic control. The OVC II Activity will ensure that HIV positive pregnant mothers, infants, and children are initiated on ART as soon as possible, reduce loss to follow up (LTFU), strengthen referral systems, and support coordination between PEPFAR partners. Currently, approximately 10 percent of infants in the EID program are considered LTFU, meaning that while they have been initiated into preliminary services, they have dropped out of the system prior to receiving diagnostic or treatment services. This has a negative impact on ART adherence among mothers and subsequently decreases the chances of survival for their infants. In order to save these young lives, it is critical that HIV positive pregnant women be linked to and retained on treatment. To decrease LTFU, the OVC II Activity will develop innovative approaches to better track HIV positive mother-infant pairs and their children by strengthening the link between facilities and community-based HIV services, documenting patient follow up, and improving early warning, tracing, and re-enrollment into treatment. The Activity will expand the Open Data Kit (ODK) tool into all sites to identify and track OVC, AGYW and their caregivers and ensure linkage to services. In addition, PMTCT mothers groups will be supported to encourage retention and adherence to treatment and increase demand for viral load testing and EID. The OVC II Activity will support a Continuum of Care model that includes support for community-based services and personnel, including community health workers (CHW), and will actively engage with Agents de Santé Communautaire Polyvalents (ASCP) supported under other activities. The Activity will encourage routine home visits in order to support retention and adherence, identify other family members that may be HIV positive and refer them for testing, as well as monitor the general health and well-being of families. All CHWs supported by the Activity will be trained according to MSPP guidelines and align with the MSPP's ASCP model. There will be a coordinated and synergistic approach in the work carried out by CHWs under the OVC II Activity with those supported by other PEPFAR partners, including Project Santé, in order to fully maximum service coverage. The Activity will provide support, in collaboration with the USAID Supply Chain Management (PSM) project, in monitoring stocks of pediatric medical commodities, particularly ART and cotrimoxazole at supported sites. The Activity will support the extension of viral load testing and monitoring of viral suppression for children through linking with HIV care and treatment facilities serving the pediatric population and EID program.

In collaboration with health facility personnel, the OVC II Activity will emphasize and monitor the implementation of the National Pediatric HIV/AIDS Guidelines at supported sites, including disseminating guidance on the extension of viral load testing for children. The Activity will work with partners to develop a cohesive management plan to support early ART initiation among pediatric clients, improve registration of patients, and track follow up appointments and linkage to other services.

The OVC II Activity will support operational research to assess the impact of interventions in order to inform ongoing evidence-based programing. A key component of this research will be related to evaluating interventions aimed at reducing mother to child transmission. The Activity will work with the MSPP to provide support to the Pediatric AIDS Technical Working Group and disseminate Pediatric AIDS and PEPFAR OVC Guidelines. It will also provide monitoring and oversight at supported sites to ensure adherence to National Guidelines and WHO recommendations in HIV pediatric management by health personnel. Oversight will include on-site mentorship to ensure earlier initiation of pediatric ART, thereby increasing the number of children on treatment.

Illustrative Interventions

- Develop and implement a strategy to reduce LTFU of HIV positive women and children, including strengthening family-based differentiated care models.
- Address high LTFU rates by strengthening referral to facilities, as well as implementing systems for active tracking and tracing of LTFU clients, including the expansion of ODK.
- Support early initiation of ART and appropriate care and treatment for HIV positive infants.
- Ensure active case finding of siblings and parents/caregivers and regular home visits to detect other siblings and parents/caregivers to be tested for HIV and TB.
- Work with health facilities to identify children and caregivers not adhering to treatment with elevated viral loads and at risk for treatment failure, in order to provide increased community-based support.
- Improve age-appropriate disclosure support for children, adolescents and their families.
- Ensure that all HIV-exposed OVC are tested by DBS DNA PCR. For HIV positive OVC, initiate ART as soon as possible, and ensure appropriate care and treatment.
- Monitor stock out of pediatric supplies, particularly ART and cotrimoxazole, at supported sites.
- Support dissemination and monitor the application of pediatric guidelines.
- In collaboration with the LNSP and IMIS/GHESKIO, support the implementation of viral load testing for HIV positive infants and adolescents.

Sub-Objective 2.3: Facilitate access to critical health services for OVC

The OVC II Activity will utilize CHWs to provide OVC and their caregivers a package of basic services that includes: 1) facilitating the delivery of safe water products, hygiene kits and condoms to families, and promoting good sanitation practices; 2) promoting exclusive breastfeeding up to six months; 3) screening children and pregnant women for malnutrition and referring severely and moderately malnourished children and women for treatment and therapeutic and supplementary feeding; 4) checking immunization records and working with

health care professionals to provide vaccinations, vitamin A supplementation, and de-worming services; 5) supporting the implementation of health promotion activities; 6) educating parents and caregivers about other health concerns and disease prevention; 7) engaging in other care and support activities, including early childhood development activities; and 8) providing sexual and reproductive health (SRH), HIV and GBV prevention education and skills-building for adolescents, with a special focus on girls, and facilitating their access to SRH/FP/GBV services.
In addition to providing targeted and intensive health care monitoring and support for HIV positive children and adolescents, CHWs may also engage in regular home visits and provide support to children and families that are vulnerable to HIV infection and its effects due to extreme poverty and hardship. The OVC II Activity will also facilitate access to health services at local health facilities via referrals and ensure referral tracking and completion.

Illustrative Interventions

- Support CHWs to engage in regular health monitoring and health promotion activities through home visits.
- Support promotion of WASH and good nutrition practices based on MSPP recommendations and guidelines.
- Support promotion of early and exclusive breastfeeding up to six months, as infant and young child feeding in the context of HIV.
- Ensure screening for malnutrition and referral of severely and moderately malnourished children.
- Check and refer OVC for complete immunization, vitamin A supplementation and de-worming services.
- Support the implementation of health outreach activities.
- Facilitate access for OVC to a broad range of primary health services at local facilities through referrals and ensure referral completion.
- Provide SRH and HIV prevention education for adolescents, with a special focus on girls, and facilitate access to SRH/FP services in order to reduce the risk of HIV infection, including GBV preventive services.

Sub-Objective 2.4: Facilitate access to critical social services for OVC

Reducing Barriers to Education

Education represents an opportunity for vulnerable children to gain valuable skills and knowledge, achieve a certain degree of normalcy in their lives and protect them from harm. The OVC II Activity is expected to support age-appropriate education opportunities for OVC, including early childhood development activities for children 0-5 years, primary education, particularly within schools targeted for early reading programs, secondary education and livelihoods skill-building for older OVC. The Activity will ensure that gender is carefully considered and that interventions particularly focus on increasing access to education for adolescent girls. Education of AGYW has a demonstrated positive impact on reducing their risk of HIV, as more highly educated girls and young women are more likely to be able to delay onset of sexual activity and negotiate safer sex.

Early childhood development (ECD) activities can be easily integrated into health/HIV services for young children and PMTCT platforms; they are particularly important for children living

with and exposed to HIV who are at risk of developmental delay. The Activity is encouraged to support CHWs, facility-based health care providers, and facilitators of parent training and discussion groups, and mentor mother groups to provide ECD education and skills-building in order to improve attachment, stimulation, and physical and cognitive development. The Activity should make use of ECD resources such as the Essential Package and/or the WHO/UNICEF Care for Child Development Package.[8]

The OVC II Activity is also expected to facilitate access to primary and secondary school, covering fee payments via individual scholarships or block grants to schools where a large number of OVC are currently enrolled. If providing school block grants, the Activity will negotiate an agreement with schools to cover the cost of education for a specific number of children over a specific period of time and identify how funds will be used to improve the quality of education for all children at the school (including activities to create safe, child-friendly, and gender-sensitive learning environments in schools including GBV prevention activities). Note that although school block grants may be appropriate in rural areas where most children in a community attend one local school, scholarships may be more appropriate in urban areas where OVC may attend any number of schools. Regardless of the type of education assistance provided, assistance will be targeted and temporary and encourage cost-sharing by families where possible. It will make every effort to link with L'initiative de L'Institut du Bien-Etre Social et de Recherches (IBESR) and the Ministry of Education's "free education program", Global Fund and other partners to coordinate activities, and gradually decrease direct educational assistance as families become more financially secure (via household economic strengthening activities described in Objective 3) and able to cover their own education costs.

Livelihoods programming for older OVC and out-of-school children should be provided by an established livelihoods partner. This also represents an opportunity to reach adolescents (boys and girls) at risk for unprotected sex, sexual abuse and sexually transmitted diseases. Livelihoods support, as well as increased HIV testing, will also be a priority for the children of HIV-infected prisoners.

Strengthening Psychosocial Support and Protection

There is global consensus that the best psychosocial care and support for children orphaned and made vulnerable by HIV/AIDS is provided through everyday interpersonal interactions that occur in nurturing relationships in homes, schools, and communities. The Activity will facilitate these interactions by organizing peer and social group interventions through schools, religious institutions, or other community-based institutions. For example, "kids clubs" or safe social spaces for children, pre-adolescents, and adolescents can be key interventions, although they should not consist solely of recreational activities. Such spaces provide psychosocial support, mentoring, along with age-appropriate learning materials in sexual reproductive health (SRH), nutrition, water and sanitation, child protection, and HIV and GBV prevention. These spaces can be especially important for girls and used as a platform for HIV risk avoidance and reduction education, skills-building, and reinforcement.

[8] For further information about the Essential Package and Care for Child Development see: http://www.ovcsupport.net/s/index.php?c=159 and https://www.unicef.org/earlychildhood/index_68195.html)

Another key intervention is peer-to-peer education and support groups, during which staff members teach critical life skills and address topics of concern to OVC through plays, poems, stories, games. Topics can include: leadership and peer counseling, HIV prevention, positive disclosure, SRH, GBV, alcohol and substance abuse, and how to protect against abuse, exploitation and neglect. These groups can be supplemented with monthly health examinations and treatment. Particular attention will be paid to high risk vulnerable children, including adolescent girls and young women (AGYW), as well as HIV positive adolescents, who are faced, at this stage in life, with issues of disclosure, treatment fatigue, transition to adult treatment regimens, SRH issues, exposure to alcohol and other substances. Peer support groups have demonstrated to be useful in providing psychological benefits to this age group and reducing anxiety, stress, and depression that affect clinical outcomes and may jeopardize adherence to treatment.

Illustrative Interventions

- Integrate and promote ECD activities within health/HIV services for young children and PMTCT services, including home visits by CHWs, facility-based health visits, and parent training and discussion groups.
- Facilitate targeted and temporary payment of primary and secondary school fees and the negotiation of school block grants, where appropriate.
- Monitor the regular attendance and progression of enrolled students and identify solutions to address attendance issues.
- Facilitate access for OVC to scholarships provided by IBESR, the Ministry of Education's "free education program", Global Fund and other partners.
- Facilitate access to specialized livelihoods programming for older OVC and out-of-school children.
- Organize peer and social group interventions through schools, religious institutions, or other community-based institutions.
- Facilitate access to and participation in kids clubs (including those for children and adolescents living with HIV) and safe spaces.

Expected Results

1. 95% of eligible HIV-infected children receive ART
2. 95% of children on ART are virally suppressed (<1000 copies/ml) according to pediatric guidelines
3. 90% of HIV positive children identified receive cotrimoxazole prophylaxis
4. 90% of pediatric sites report no pediatric ART and cotrimoxazole stock outs
5. Increased percentage of adults and children known to be on treatment 12 months after initiation of ART (Note: reporting 24 and 36 months is recommended, but optional)
6. Increased percentage of ART patients with a viral load result documented in the medical record and/or laboratory information systems within the past 12 months with a suppressed viral load (<1000 copies/ml)
7. 100% of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner (including report of no status).
8. 100% of pediatric HIV sites have a system for referring clients for other critical services such as nutrition, health, immunization, and household strengthening, etc.
9. Increased percentage of age related OVC vaccinated with DTP 3or Pentavalent 3

10. Increased percentage of OVC 1-5 years fully immunized
11. Increased percentage of OVC have received bi-annual Vitamin A and de-worming
12. Increased percentage of OVC screened for malnutrition
13. Decreased percentage of OVC malnourished
14. Decreased percentage of OVC reporting irregular food intake
15. Increased percentage of OVC and families regularly accessing safe water
16. Decreased percentage of OVC who are too sick to participate in daily activities
17. Increased percentage of adolescents with improved knowledge and skills in SRH and HIV prevention
18. Increased percentage of OVC 0-5 years able to meet development milestones
19. Increased number of OVC assisted by the Activity to attend primary and secondary school
20. Increased percentage of OVC assisted by the Activity to attend school who are transitioned from direct education support (fees are paid by caregivers or benefit from free education)
21. Increased percentage of children living with caregivers engaged in caregiver education and support groups who report an increase in well-being and decrease in distress
22. Increased percentage of OVC who have a birth certificate/identification card
23. Increased percentage of older OVC with improved financial independence after graduating from youth livelihoods program
24. Increased number of children who report a reduction in stress and improved socio-emotional well-being following psychosocial support activities
25. Increased number of children of key populations benefiting from the Activity livelihood support

Final targets will be established in collaboration with USAID at the onset of the Activity and will be based on PEPFAR OVC targets for Haiti.

Objective 3: Increase the capacity of families and communities to care for OVC, including HIV risk prevention among adolescent girls and young women (AGYW)

Stable, skilled, and caring families and communities, along with strong child welfare systems, are the best defenses against the effects of HIV/AIDS in the lives of children. Nurturing families are critical to ensuring the lifelong health and well-being of a child, including their prospects for living HIV-free or positively with HIV. PEPFAR's approach to supporting OVC is based on a social-ecological model that considers the child, family, community, and country contexts and recognizes the unique, yet interdependent contributions of actors at all levels of society to the well-being of children affected by HIV/AIDS.

The new OVC II Activity will particularly consider the needs of vulnerable AGYW. In year one, the Activity will coordinate closely with 4Children (4C), USAID's DREAMS-Like activity, focused on increasing AGYW access to evidence-based, age appropriate HIV and GBV prevention services in four key districts (Cap Haitien, Dessalines, Saint Marc and Port-au-Prince), in accordance with DREAMS guidance and standards. Beginning in year two of implementation, the activities supported under 4C will be transitioned to the OVC II Activity , who will manage the full set of DREAMS-Like/AGYW interventions in targeted areas. The

geographic focus of the DREAMS-like activities may be revised according to a review of PEPFAR program data and discussions with USAID and the MSPP.

The new OVC II Activity will build the capacity and skills of families to improve their financial security and meet the financial, socio-emotional, and protection needs of their children. It will also build the capacity of communities to identify and support vulnerable children and families, conduct effective case management, and improve the protection of vulnerable children. All Activity-supported OVC activities will reflect evidence outlined in the PEPFAR Guidance for OVC Programming (2012), PEPFAR OVC Technical Guidance,[9] and Haiti-specific OVC Quality Standards developed in 2014.

Illustrative Interventions

- Facilitate access to economic strengthening services for enrolled adolescent girls and their caregivers.
- Provide education services to most-at-risk girls.
- Provide HIV and violence prevention to at-risk adolescent girls.
- Promote mentor-led adolescent girls clubs to promote social asset development among AGYW.
- Ensure that children who are at-risk of or survivors of VAC receive coordinated preventive and response services through a strong community-clinic care model.
- Support community-level GBV prevention activities, including liasing with the Brigade Protection de Mineurs of the Haitian National Police.

Sub-Objective 3.1: Improve the capacity of families to address the essential needs of children in their care

Families are the first line of support and defense for children. Providing direct support to children, rather than empowering families to provide for children's needs, can undermine family relationships and the capacity to care for children over the long term. OVC activities implemented by under this Activity should emphasize the family as the primary unit of intervention. The Activity should not singularly target any child within the family without considering the needs of other siblings and children in the home, and the needs of their primary caregivers.

Improving Household Economic Security

Emergency situations often necessitate direct provision of material needs, including education fees, clean water, and nutritional support. However, it is hoped that as family stability and resiliency strengthen, direct support will no longer be the primary means of programming for OVC. The Activity will seek to enable the heads of OVC households to achieve a level of financial security sufficient to meet their own material needs, invest in their children, and protect them against unforeseen financial crises and/or other household shocks. Evidence indicates that economic strengthening interventions contribute to important prevention, care, support, and

[9] See http://www.pepfar.gov/documents/organization/195702.pdf

treatment outcomes and enhanced economic security will reduce LTFU, support adherence to treatment regimens, and reduce stigma and discrimination.

Household economic strengthening activities should be tailored to the economic and vulnerability status of individual families. However, is expected that most households will benefit from participating in Mutuelle de Solidarité, or MUSO groups, which are savings and internal lending groups. A small percentage of very poor households may require direct cash transfers or vouchers. The overall goal should be graduation from assistance from the Activity, based on improved family savings and economic security, with MUSOs able to be functional, self-sustaining and well-governed. It is expected that Activity -supported MUSOs will facilitate engagement with OVC caregivers targeted by the Activity and PLHIV. A significant proportion of MUSOs must be comprised of OVC caregivers and PLHIV in order to maximize the impacts of economic strengthening investments among enrolled OVC. In support of efforts to decrease stigma among PLHIV and OVC, MUSOs must be allowed to self-form and not be based exclusively on HIV positivity or OVC caregiver status. While OVC caregiver participation is highly encouraged, groups may include additional community participants not identified by the Activity. In addition to facilitation of MUSOs, the Implementer will carry out operational research alongside activities in an effort to generate evidence-based best practices and lessons learned. Research will additionally focus on the extent to which MUSO participation contributes to increased investments in children, improved child well-being, and improved HIV outcomes among children and caregivers. Results of this research could lead to sustainability, refinement, and replication of this model in other USAID funded projects/settings.

Improving Household Food Security and Nutrition

In addition, the new OVC II Activity will work to support the creation of kitchen gardens among qualified OVC caregivers and will include caregiver education/skills-building on low-cost, nutrient-dense foods, dietary diversity, and healthy child feeding practices. Kitchen gardens provide a sense of household security: physically, economically and nutritionally. This activity will help vulnerable families to have increased access to nutritious food, increase the number of meals per day, consequently reducing malnutrition. By establishing a kitchen garden, participating caregivers can stay at home with their children or sick family members more often if they do not have to leave the house and travel to buy food. Their reduced trips to the market means they spend less money on transportation and on produce. If the caregivers are able to grow a surplus of produce, they can sell it to their community, thereby further supporting themselves and the local economy. Finally, growing fresh organic foodstuffs not only encourages the consumption of more nutritionally-rich plants and vegetables, but empowers caregivers with a sense of accomplishment in being able to feed their families with something they grew themselves.

Facilitating Parent/Caregiver Training and Discussion Groups

MUSOs create structures and behaviors that will provide platforms for the Activity to layer on other family-strengthening interventions. Sometimes known as “savings plus,” these approaches take advantage of the regular meetings, newfound aspirations, and group cohesion to explore other relevant topics and issues using participatory and adult learning approaches. Examples

include discussion groups and training opportunities focused on family budgeting and planning, parenting skills, violence in the household, psychosocial support, child protection, health and nutrition, and literacy. The Activity will facilitate training and skills-building in Positive Parenting utilizing the Sinovuyo evidence-based curriculum and will focus on violence prevention and positive discipline, effective communication on adolescent sexuality and risk, and pediatric and adult HIV disclosure**.**

Illustrative Interventions

- Support OVC caregivers and PLHIV to participate in financial education/literacy and MUSOs managed by established programs. Establish at least 400 MUSOs over the life of the Activity.
- Link families with economic strengthening initiatives supported by the Government of Haiti (GOH), USAID, and other donors in the Activity catchment area.
- Facilitate the inclusion of OVC caregivers in education/skills-building groups and support groups, either through existing PLHIV groups or MUSOs. Utilizing existing materials and guidelines, educations sessions will focus on: positive parenting, child health and nutrition, supporting children to succeed academically, addressing the psychosocial needs of children and protecting children against abuse, exploitation, and neglect.
- Provide training to OVC caregivers to establish kitchen gardens in targeted regions. Establish at least 300 kitchen gardens over the life of the Activity .

Sub-Objective 3.2: Improve the capacity of communities to address the essential needs of children in their care

Skilled and well-functioning communities provide a range of critical services and support for families, including health, nutrition, education, and legal services, and spiritual and psychosocial support. Throughout the world, neighbors come together to help one another and community-based organizations and local government services serve as social safety nets to those in need. They provide extra support to vulnerable families and help them through times of crisis. Building on this foundation, the new OVC II Activity will work closely with key stakeholders in targeted communities to increase the quality and access to critical services and support for vulnerable families. The Activity should also strengthen the capacity of community-based structures wherever possible to effectively and sustainably meet the needs of vulnerable families.

Service Mapping and Strengthening Social Service Referral Networks

Working with community-based organizations, CHWs, government social workers and other community-stakeholders, the OVC II Activity, in collaboration with other USAID and donor supported projects, will map local social services, including GBV clinical, psychosocial and legal response services, and strengthen community-based referral networks. This will complement health facility-based referral networks. The Activity will facilitate the integration of community-based social service and facility-based health referral systems in order to improve bi-directional referrals for holistic service delivery. The Activity will also ensure that service providers have access to updated referral directories and where necessary train referral focal points to manage referral processes (at health facilities, schools, police stations, and other

community programs). The Activity is encouraged to explore innovative methods for streamlining referral processes and tracking referral completion, including the expanded use of mobile technologies.

Community-Based OVC Identification and Case Management

In addition to enrolling OVC identified via health facilities, the Activity should work with local leaders to implement community-based processes, standards, and criteria currently under development for identifying, assessing, and enrolling vulnerable children within OVC programs. The Activity will emphasize the use of the HIV risk screening tool as part of comprehensive child assessment. Once enrolled, the Activity should engage and train CHWs and other community volunteers in case management, including: key principles, standard operating procedures, and tools to conduct comprehensive child and family needs assessments, individual case plan development, referral strengthening, and tracking referral completion for essential service delivery, and routine monitoring and follow up. The Activity will adopt standard benchmarks, (which will be developed under another USAID-supported activity in FY19), for graduating families from support, including key child, caregiver, and family well-being outcomes, and outline case plan achievement benchmarks that correlate with graduation criteria. CHWs and community volunteers should monitor achievement of case plans through regular home visits, the frequency of which should be determined by the vulnerability level and unique needs of the family. Please see the table below outlining key entry points for OVC identification by sub-population.

SUB-POPULATION	KEY ENTRY POINTS FOR IDENTIFICATION
Children and adolescents living with HIV	Primary ● Clinical service providers serving HIV positive children enrolled in care or on treatment in priority SNUs. ● Community-based groups such as mother-to-mother groups and PLHIV support groups with tracing of their children.
Children and adolescents who have lost one or both parents in high HIV burden areas	Primary ● Community-based identification by CSOs including Child Protection Committees, traditional leaders/structures, women's and/or faith-based groups, etc., as well as referrals from ministries of social welfare/affairs Secondary entry points ● Peer-support groups: adolescents as caregivers and child-headed household support groups ● Adolescent treatment support groups ● Institutional care (orphanages) ● Review of data provided by ministries of social welfare/development, if available and reliable

Infants (<2 years) exposed to HIV	Primary ● Clinical HIV care and treatment services for adults, children and PMTCT services. ● Mother-to-mother support groups specifically targeting HIV+ mothers/pregnant and breastfeeding women, and/or adolescents living with HIV support groups (as many adolescents are also parents) Secondary ● Community-based identification through CSOs and case management: identification of children who have not presented at a health facility but are exhibiting signs and symptoms suggestive of HIV (poor weight gain, malnutrition, opportunistic infections, skin rashes, upper respiratory infections, chronic diarrhea, etc.)
Children and adolescents living with an HIV+ Adult	Primary ● Adult Care and Treatment services in order to conduct family tracing of index cases generally prioritize high volume sites and/or non-virally suppressed adults ● Community-based support groups for HIV+ adults on treatment (e.g. Mother-to-Mother groups, PLHIV support groups)
Adolescent girls and young women at risk in high burden areas	Primary ● Girl roster ● ANC and STI clinics ● Protection services such as post-rape care and abuse case management, in collaboration with local government and CSOs
Children of key populations	Primary: ● Prevention and treatment programs designed to reach key populations ● Facility and community-based service delivery points reaching KP
Children experiencing violence	Primary: ● Clinics providing post-abuse care ● Social service providers for GBV/VAC case management ● Community-based child protection committees/units ● Home-based case management ● Community-level GBV prevention activities in collaboration with BPM

Strengthening Child Protection

Results from the Violence Against Children (VACS) Study in Haiti and other reports indicate high rates of child abuse and exploitation, including but not limited to sexual violence against children and GBV. Home and community-based interventions are critical to improving violence prevention and response. Violence prevention is an integral part of case management that focuses on building parenting skills in child rights and protection, including the use of positive discipline.

CHWs and community volunteers will be trained in signs and symptoms of abuse, in order to improve the identification and reporting of child abuse. They will also be trained to refer children for comprehensive protection services (including clinical, psychosocial, and legal), follow up child and adolescent violence survivors, and support case resolution. CHWs will ensure that victims access emergency post-rape care services including post-exposure prophylaxis (PEP) when necessary. They will also ensure appropriate linkages with relevant informal (community-based) and formal (government) child protection structures, such as the BPM, to support child protection system strengthening. The new OVC II Activity should apply an approach that balances prevention and response to child abuse, neglect, and exploitation. In line with Keeping Children Safe Coalition's guidelines and relevant GOH child protection policies and protocols, the Activity will ensure that all staff, CHWs and community volunteers are trained in and adhere to the organizational Child Protection Policy and Procedures and Child Protection Code of Conduct, as well as apply a Child Abuse Reporting and Response Protocol. The OVC II Activity will also engage community leaders, including faith-based leaders, to challenge the prevailing beliefs and norms that surround concepts of gender and the acceptability of GBV within their communities. Community leaders will actively participate in identifying and implementing measures to confront and change these harmful attitudes and practices through various means within their communities.

Illustrative Interventions

- Support service mapping and strengthening social service referral networks.
- Support community-based OVC identification and assessment.
- Train CHWs and community volunteers in comprehensive OVC case management.
- Conduct comprehensive, strengths-based family case management.
- Monitor case plan achievement and family graduation per child, caregiver and family outcomes.
- Identify, refer, and follow up cases of abuse, neglect, and exploitation, including GBV.
- Support home and community-based violence prevention and response, and work with community leaders, civil society, relevant GOH structures, such as the BPM, and faith-based organizations on changing GBV norms.
- Link to and strengthen local child protection systems.

Expected Results

1. Number of service providers with updated service mapping
2. Increased number of OVC identified and assessed
3. Increased number of families receiving case management
4. Increase percentage of case plans achieved
5. Increased percentage of families who graduated from program support
6. 400 MUSOs established and functional
7. Increased number of OVC caregivers participating in MUSOs
8. Increased number of OVC caregivers trained in financial education/literacy
9. Increased number of caregivers receiving positive parenting support and skills-building
10. Increased number of CHWs or community volunteers trained in child protection
11. Increased number of OVC receiving child protection services
12. Increased number of local child protection structures strengthened

13. Increased number of DREAMS -qualified adolescent girls who are identified and enrolled
14. Increased number of mentor-led adolescent girls clubs
15. Increased number of adolescent girls who receive a full package of DREAMS services based on their unique needs
16. Increased number of children at risk or survivors of VAC who receive a coordinated preventive and responsive services

Final targets will be established in collaboration with USAID at the onset of the Activity and will be based on PEPFAR OVC targets for Haiti.

COORDINATION WITH USAID PARTNERS AND MSPP

The new OVC II Activity, central to the USAID/Haiti health portfolio, will be implemented in concert with other key USAID projects, including nutrition initiatives, such as the AKSYON project, and other child protection and GBV prevention and response activities. In addition, the Activity will work with other PEPFAR OVC implementing partners on issues related to child protection, AGYW, and children of KP. The OVC II Activity will coordinate closely with 4C during the first year of implementation, before transitioning to manage the full set of DREAMS-Like/AGYW interventions beginning in year two. In addition, the Activity will work closely with other PEPFAR supported projects, including Linkages and Health through Walls, in order to facilitate referrals to OVC services for children of KP and prisoners.

As the demand for OVC services is high and resources are limited, collaboration with other projects will be essential to maximize results. The OVC II Activity will work closely with Project Santé, who provides PMTCT services within 46 supported sites, and will meet regularly with Project Santé staff to ensure HIV positive pregnant women and their babies are linked both to key facility based services, including EID and ART, and community based support services. This linkage will also lead to improved patient tracking and help reduce LTFU by engaging CHWs across both projects. The OVC II Activity will also ensure that women and children engaged through the Activity will be referred as necessary to a broad range of primary health care services provided within Project Santé's 164 supported facilities.

The OVC II Activity will also participate in the MSPP Technical Working Group on Pediatric AIDS and coordinate regularly with the MSPP National AIDS Program, *Le Programme National de Lutte Contre les IST/VIH/Sida*, known as PNLS, at the central level. The Activity will also seek to leverage efforts with the Global Fund, particularly for activities targeting AGYW and educational support for OVC. The Activity will collaborate closely with MSPP at the departmental level, both within the facilities and with the *Directions Departmentales Sanitaires* (DDS).

V. MONITORING, EVALUATION AND REPORTING

The Applicant should include a draft MEL Plan as an annex to the application. The draft MEL Plan should include suggested performance targets, based on current OVC program achievement. Final targets will be established in collaboration with USAID.

The awardee of the new OVC II Activity will collect data and submit reports on a quarterly basis with a semiannual report and an annual report per PEPFAR reporting requirements. The awardee will also submit a Performance Monitoring Plan (PMP) that will include all required PEPFAR indicators. Please note that the list of indicators may change over the life of the Activity and USAID/Haiti expects that the awardee will make appropriate modification and revise the selected indicators as needed. The Activity Monitoring and Evaluation plan will be focused on providing essential information for effective technical oversight and project management. The number, kind and level of detail of the required reports will be determined with the Awardee soon after award of the Activity.

The Activity will implement a monitoring strategy that will ensure close oversight and supportive supervision at all sites. The Activity will develop a strong monitoring and evaluation component of the Activity, tracking performance at the site level, and using data on a monthly basis to inform decision making.

Linking the OVC II Activity to the Monitoring, Evaluation and Surveillance Interface (MESI-the national monitoring and evaluation system of the MSPP) will contribute significantly to data collection, analysis, reporting and evaluation. That information will help those ministries with effective decision making. The Activity will utilize ODK to track OVC, AGYW and caregivers and record relevant information, including OVC household visit information, ensure linkage to services for each group, and provide alerts to quickly identify and respond to the most vulnerable OVC and their families. ODK should link with other relevant platforms, including SALVH and MESI, where possible. Operational research on issues related to OVC, including gender and age analysis is of particular importance and will contribute both to evaluating interventions and supporting a critical component of IBESR (GOH). As such, this Activity will support USG efforts to strengthen GOH in managing and monitoring reporting systems. It will feed the MSPP, Ministry of Social Affairs, and IBESR with critical OVC data.

Operations Research and Learning Agenda

The OVC II Activity will dedicate enough resources to help answer programmatic questions regarding retention and adherence of HIV positive children, LTFU and related issues in order to improve the quality of care and services of the OVC program based-on evidence.

Data Management

Data management will be guided by the principle to make use of and strengthen GOH information systems. Emphasis will be placed on strengthening existing systems and intensifying efforts related to data quality assurance.

As per USAID Forward Policy, one of USAID/Haiti's priority indicator tools is geospatially portraying all of its activities. To meet this requirement, the Activity will develop a proper data collection and performance monitoring system so as to be able to report geo-referenced performance management data to USAID/Haiti and the GOH. Existing GOH information systems and databases should be used to inform the structure of data collection and

reporting. All performance data has an inherent geographic dimension. USAID/Haiti seeks to utilize all performance data in its own GIS system.

VI. ENVIRONMENTAL COMPLIANCE

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

An IEE # LAC-IEE-16-43 has been approved for the Activity funding the activities under this program description. The IEE covers activities expected to be implemented under a Cooperative Agreement. USAID has determined that a Negative Determination with Conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementation of all IEE conditions pertaining to activities to be funded under this solicitation. The IEE # LAC-IEE-16-43 expires at the end of FY2018; as such, at least 60 days prior to September 30, 2018, an IEE amendment must be submitted to the Mission Environmental Officer (MEO) for review and approval.

As part of its initial implementation plan, and all annual implementation plans thereafter, the recipient, in collaboration with the USAID Agreement Officer's Representative and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

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

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

- Unless the approved Regulation 216 documentation contains a complete Environmental Mitigation and Monitoring Plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed

project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

- Integrate a completed EMMP or M&M Plan into the initial implementation plan.
- Integrate an EMMP or M&M Plan into subsequent Annual Implementation Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

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

VII.

VIII. GENDER

USAID/Haiti is committed to promoting gender equity within all health activities. Gender inequities, poverty, and economic vulnerability, along with cultural factors and low education levels, have put women and girls at heightened risk of illness, sexual and physical abuse, a reduction of rights, and even death. USAID will explicitly put women and adolescent girls at the center of programming in order to address pressing health needs, although programs will also focus on male involvement to support family and community health. Monitoring and evaluation of health activities will include general assessments, observations, and specific indicators to measure and report on the progress of incorporating gender. All data, as appropriate, must be disaggregated by gender.

Because the activities to be funded under this Activity involve direct contact with children and therefore could raise the potential of child abuse, the Activity must conduct a comprehensive assessment of potential risks and must develop and/or implement appropriate measures to prevent, mitigate, and respond to child abuse by Activity personnel. A description of these measures should be submitted with the first annual implementation plan for approval by USAID.

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SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

Subject to funding availability, USAID intends to provide approximately $19,950,000.00 over a four (4) year period. Actual amounts of resulting award(s) are subject to availability of funds.

USAID intends to award one Cooperative Agreement pursuant to this notice of funding opportunity.

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

2. Start Date and Period of Performance for Federal Awards

The period of performance anticipated herein is four years. The estimated start date will be on or about the signature of the award.

3. Substantial Involvement

Consistent with ADS 303.3.11, USAID/Haiti will be substantially involved in the implementation of the Orphans and Vulnerable Children II (OVC II) Activity. The intended purpose of the Agreement Officer's Representative (AOR) involvement during the implementation of the program is to assist the recipient in achieving the supported objectives. It is expected that the Agreement Officer will delegate the following approvals to the AOR, except for changes to the Program Description or the approved budget, which may only be approved by the Agreement Officer.

Elements of Substantial Involvement:

(1) Approval of the Recipient's Implementation Plans;
(2) Approval of Specified Key Personnel;
The following positions have been designated as key to the successful implementation of the program objectives of this Cooperative Agreement.:

- Chief of Party
- Director of Finance and Administration
- Senior Monitoring, Evaluation, and Learning Advisor

(3) Agency and Recipient Collaboration or Joint Participation.

4. Title to Property

Property title under the resultant agreement shall vest with the recipient in accordance with the Requirements of 2 CFR 200.310 through CFR 200.316 regarding use, accountability, and disposition of such property.

5. Authorized Geographic Code

The geographic code for this program is **937** (the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source)**.**

6. Purpose of the Award

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the Orphans and Vulnerable Children II (OVC II) 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. The Recipient using its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the resulting award.

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SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

All qualified U.S. and non-U.S. organizations (other than those from foreign policy restricted countries) are eligible to apply. Pursuant to Code of Federal Regulations (CFR) 200.400(g), it is USAID policy not to award profit under assistance instruments such as cooperative agreements, and as such, for-profit organizations must waive profits and/or fees to be eligible to submit an application. Forgone profit does not qualify as cost-share or leverage.

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

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations.

The Recipient must be a responsible entity. 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 objectives of the program and comply with the terms and conditions of the award.

2. Cost Sharing or Matching

A cost share of five percent (5%) is required for the OVC II Activity based on an assessment of activities of similar size and scope, the anticipated interventions, projected sustainability requirements, and expected impact of OVC II during the life of the activity. The five percent (5%) determination reflects the more limited types of Government of Haiti (GOH)/private infrastructure, commodities, and paid/volunteer staff available as cost share in the health sector. For guidance on cost sharing in grants and cooperative agreements see ADS 303.3.10 and 2 CFR 200.306.

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

The Agreement Officer for this Award is:

Name: Adam Cox
Title: Agreement Officer
Street Address: USAID/Haïti, Boulevard 15 Octobre, Tabarre 41, Port-au-Prince, Haïti
Email: acox@usaid.gov
Phone Number: + 509 2229-8000

The Acquisition and Assistance Specialist for this Award is:

Name: Ms. Sandra Ricot
Tile: Acquisition and Assistance Specialist
Street Address: USAID/Haïti, Boulevard 15 Octobre, Tabarre 41, Port-au-Prince, Haïti
Email: sricot@usaid.gov
Phone Number: + 509 2229-8000

Questions and Answers:

All questions regarding this NOFO should be submitted in writing to Sandra Ricot to the email address above with copy to Adam Cox and OAA collaborative mailbox at the following address: usaidhaitioaa@usaid.gov . When submitting questions and requests for clarification, please make reference to the specific NOFO in the subject line of the email as follows: "*Questions SOL72052118R00016, Orphans and Vulnerable Children II (OVC II)"*. If relevant to the question, please reference the solicitation section, paragraph and page number.

Questions regarding this NOFO should be submitted by email no later than June 25, 2018 at 10:00 AM EST to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation. Any information given to a prospective Applicant concerning this NOFO will be furnished promptly to all other prospective Applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

2. Content and Form of Application Submission

The application must be submitted in Microsoft Work or Adobe PDF format to the above persons via email by the closing date of this NOFO. No password or software is required. Budget submissions must be in Microsoft Excel format with all formulas included and all cells unlocked. Applicants are expected to review, understand, and comply with all aspects of the NOFO.

Preparation of Applications:

Applicants shall furnish the information required by this NOFO. Applications shall be submitted in two separate parts: (a) Technical Application, and (b) Cost/Business Application.

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

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

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

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

Applicants should retain for their records one (1) copy of the application and all enclosures which accompany it.

All applications received by the submission deadline will be reviewed for responsiveness to the NOFO and the application format. No addition or modifications will be accepted after the submission date.

Late applications will be considered for award only if the Agreement Officer (AO) determines it is in the Government's interest.

3. Application Submission Procedures

(a)The Technical Proposal must address how the Recipient intends to carry out the Activity. It must also contain a clear understanding of the work to be undertaken and the responsibilities of all parties involved.

The written Technical Proposal must be written in English. USAID will not evaluate information submitted above these page limits. Do not use a type smaller than 11 pitch. The Recipient must use only 8.5 inch by 11 inch (210mm by 297mm) paper, single-spaced pages with margins no less than one inch on each border. Headers and footers may be included in the margins. Paragraph line spacing must be single spaced. Pages must not be reduced form. Number each page consecutively.

Key Personnel: The Recipient must propose individuals for the Key Personnel positions identified in Section D of this NOFO.

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time.

(b)For an application sent by multiple emails, please indicate in the subject line of the email whether the email relates to the technical or cost application, and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email must have a subject line which says: "[Organization name], Cost Application, Part 1 of 2".

Our preference is that the Concept Note and Summary Budget be submitted as single email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending them. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear.

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

4. Technical Application Format

The Technical Application must be specific, complete and presented concisely. The Technical Application must demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this Activity.

The Technical Application must include the following sections:

1) Cover Page (not included in the 13-page limit)
2) Executive Summary (1 page, not included in the 13-page limit)
3) Implementation Approach (maximum 6 pages)
4) Key Personnel (maximum 2 pages)
5) Management Plan (maximum 2 pages)
6) Institutional Capability/Past Performance (maximum 3 pages)
7) Annex (not included in the 13-page limit)
    - Summary staffing plan and organizational chart (maximum 2 pages)
    - Key Personnel resumes (maximum 3 pages per person)
    - Recommendation Letters
    - Letters of Commitment
    - Draft Year One Implementation Plan
    - Draft Monitoring and Evaluation Plan

The above annexes as well as the cover page, table of contents, and list of acronyms, are excluded from the page limitation.

1. Cover Page (not included in the 13-page limit)
In one page, the cover page should include: a) Activity title; b) Request for Applications (RFA) reference number; c) name of organization(s) applying for the agreement; d) any partnerships; and e) contact person, telephone number, fax number, address, and types name(s) and title(s) of person(s) who prepared the application, and corresponding signatures.

2. Executive Summary (1 page, not included in the 13-page limit)
The Executive Summary must address the requirements of the program description including the objectives, interventions, indicators, expected results, and guiding principles. This subsection must describe in detail the proposed technical strategy an approach and comprehensively the term of the activity. Applicants must provide a comprehensive yet concise summary of the proposed overall strategic and technical approach, including making sure to address the mandate for collaboration. This section must also set forth in sufficient details the conceptual approach, methodology, and techniques for the implementation and evaluation of activities.

3. Implementation Plan and Sustainability Approach (maximum 6 pages)
This section must address each of the following issues:

- Strategy: Describe the strategy to be used to achieve the proposed objectives. Interventions should apply lessons learned from previous work. At a minimum, the Applicant should describe approaches to:
    - Strategies to improve knowledge and skill level, training and ongoing mentorship, and support of health personnel at sites involved in the EID program, including implementation/support of continuous quality improvement (CQI) models for ensuring effective site management of identifies issues;
    - Develop and implement a strategy to reduce LTFU of HIV positive women and children, including strengthening family-based differentiated care models;
    - Strategies for effective monitoring and evaluation to ensure close oversight and supportive supervision at all sites, to track performance at the site level, and using data on a monthly basis to inform decision making;
    - Plans and methods for ensuring the quality of EID services at existing sites to improve outcomes for mothers and infants through early diagnosis of HIV, linkage to ART, retention in care and treatment, and viral load suppression;
    - Strategies to ensure the proper collection, quality, and use of PMTCT and EID related data at supported sites (in collaboration with relevant service delivery and information system partners);
    - Develop and implement a strategy to scale up the EID program to all USG-supported PMTCT service delivery sites, including initiating the provision of EID services in remote and hard to reach sites;
    - Strategies for transportation of DBS samples from supported EID sites to laboratories to ensure sample integrity;
    - Strategies to facilitate access for eligible OVC and their families to a package of supportive social services;
    - Strategies to reduce HIV risk among adolescent girls and young women;
    - Activity description and timeline. Describe the activities that will be undertaken to achieve the proposed objectives. Provide a general timeline of activities,

including the implementation of an exit strategy and sustainability plan;
- Expected impact. Outline expected results and impacts and the mechanisms proposed to measure and monitor progress, achievement and sustainability.

4. Key Personnel (maximum 2 pages)

Key personnel are those individuals whose performance is critical to the success of the OVC II Activity. USAID/Haiti has determined the following three (3) positions to be key to the success of the Activity:

- Chief of Party
- Director of Finance and Administration
- Senior Monitoring, Evaluation and Learning Advisor

The Applicant should propose individuals whom they deem appropriate for the anticipated role of each position and have the sufficient managerial as well as technical capacity, expertise, experience and academic qualification to meet the minimum requirements of the positions and effectively manage and support the overall Activity and its staff as defined below.

Applicants must provide CVs for each proposed key personnel to demonstrate how each individual is the best fit for the position. These CVs should not exceed three (3) pages each and should be included in an Annex. The Applicant should also submit three (3) references, with complete contact information, for the proposed candidates, including their most recent supervisor. USAID/Haiti reserves the right to carry out reference checks for all proposed key personnel before award, including other references not provided by the Applicant. The list of references is not included in the three-page resume limit.

The Applicant must also include a letter of commitment signed by each person proposed as key personnel confirming her/his present intention to serve in the stated position immediately upon award and his/her availability to serve for the term of the proposed Award.

Given the complexity of this Activity, USAID/Haiti expects these key personnel to have the appropriate qualifications and experience to work as a team to manage a complex activity, specifically the ability to deliver quality health care to support to orphans and vulnerable Haitian children living with and affected by HIV/AIDS and their communities and families disproportionately affected by this disease. The majority of OVC II staff are expected to be local staff; as such, the OVC II Activity is expected to draw upon the significant local experience and those who deeply understand that a lack of prevention services, timely diagnosis, care and treatment, and overall poor infection control among OVC creates a risk that broadly affects communities in which they live and their family members.

Chief of Party (COP): The Chief of Party is expected Chief of Party (COP) is responsible for providing overall program leadership, management, and technical direction. He/she is supposed to serve as key liaison with USAID, government counterparts, and local partners. The COP will manage and supervise the work of program personnel and subcontractors and ensure that all program assistance is technically sound and appropriate. He/she also oversees program work planning, performance management, and strategic communication.

The Chief of Party must have the following qualifications, skills, and expertise:

- Medical Degree (M.D.) or Master's Degree in Public Health, or related field;
- At least ten (10) years of experience implementing and managing donor-funded projects in developing countries; PEPFAR or USAID experience is desired.
- At least eight (8) years of experience in related pediatric HIV and/or community-based activities, and/or other relevant activities;
- Demonstrated experience in leadership roles, promoting strategic planning, and careful budget management;
- Strong interpersonal, oral and written communication skills in French and English; working knowledge of Haitian Creole is preferred.

Director of Finance and Administration: The Director of Finance and Administration has the overall responsibility for financial management and administrative issues of the Activity. In addition, the Finance and Administration Director will be responsible for reviewing and managing the sub-grants. He/she will directly report to the Chief of Party.
The Director of Finance and Administration must have the following qualifications, skills, and expertise:

- Bachelor's degree in business administration or accounting, or a related field;
- At least eight (8) years of experience in accounting and/or financial management including the management and oversight of donor-funded project budgets and financial reporting;
- At least eight (8) years of experience in organizational and administrative management in an international context;
- Strong knowledge of financial accounting software, including USAID and PEPFAR financial dashboards (DATIM, DevResults, etc.), and related computer applications especially Excel, MS Word
- Strong interpersonal, oral and written communication skills in French and English; working knowledge of Haitian Kreyol is preferred.

Senior Monitoring, Evaluation and Learning Advisor: The Senior Monitoring, Evaluation and Learning Advisor plays an integral role in the continual monitoring and evaluation of activities. The Senior Monitoring, Evaluation and Learning Advisor will conduct periodic and routine activity performance monitoring and reviews to determine progress towards achievement of goals and to provide oversight to all surveys, studies and evaluations that may be carried out by the project.

The Senior Monitoring, Evaluation and Learning Advisor must have the following qualifications, skills, and expertise:

- Master's degree in Statistics, Biostatistics, Epidemiology, Public Health or related field;
- At least eight (8) years of experience in monitoring and evaluation including the management and oversight of donor-funded project reporting in developing countries;
- Strong knowledge of software computer applications, such as SPSS, SAS, EpiInfo;
- Strong interpersonal, oral and written communication skills in French and English; working knowledge of Haitian Kreyol is preferred.

5. Management Plan (maximum 2 pages)- Applicants should propose a comprehensive management plan that demonstrates the Applicant's ability to effectively launch, develop, manage, and eventually transition results to the public sector. The Applicant should describe how flexibility and adaptability are integrated in its management approach. The Applicant should describe practical steps that would be taken to ensure the Applicant makes a smooth transition from the current implementing partner and significant and measurable progress towards its objectives on an accelerated schedule. The Applicant should describe how it will build close collaboration with all relevant PEPFAR and USAID partners and with relevant service delivery and information system partners, health facility personnel, the relevant laboratories, and with other USAID and donor supported over the life of the award. The Applicant will present its strategy to retain key personnel throughout the life of the OVC II Activity (especially the Chief of Party), as well as its contingency plan in the event any of the key personnel leaves the Activity.

The Applicant should articulate the roles and responsibilities of all key stakeholders, differentiating the Applicant versus proposed sub-awardee(s), if any. If the Applicant proposes sub-awardee(s), the Applicant must briefly describe the method of identifying these sub-awardee(s), indicating whether or not they have pre-existing relationships and the nature of the relationship. If the proposed management plan includes partners, the Applicant should demonstrate experience leading an effective consortium team. In the event of two (2) or more organizations applying together, USAID prefers a well-defined prime and sub-recipient relationship. Consortiums without a clear hierarchy and delineation of authority among members are discouraged.

6. Institutional Capability/Past Performance (maximum 3 pages) - All applicants will be subject to a past performance review for demonstrated successful past performance in previous and/or existing projects. Past performance information must be provided and should relate to the specific technical nature of the OVC II Activity and the operational context in Haiti. Applicants must demonstrate experience and success in implementing comparable activities in terms of scope, magnitude, and complexity in Haiti. The applicant must describe lessons learned during these past experiences and how these lessons-learned informed their proposed technical approach. Additionally, if sub-awardee(s) are proposed, this same information must be provided related to their past experiences. Applicants are strongly encouraged to provide examples of significant impact of their past projects.

7. Annexes (not included in the 13-page limit)
In an annex, the Applicant is requested to:

- Include a summary staffing plan and summary organizational chart which, together, show the totality of positions proposed for all components of the implementation plan, inter-staff relationships, and lines of communications;
- Include a narrative that helps explain the staffing plan and organization chart(s) and describes the advantages of the management approach.

5. Cost Application Format

A Cost or Business application must be submitted separately from the Technical Application. The Budget Application should be submitted in Microsoft Excel 2000 or later and must have all cells and sheets unprotected and unlocked. The Applicant is requested to submit a budget broken down by Activity years with an accompanying detailed budget narrative (in Microsoft Word 2000 or later), which provides in great detail the total costs for implementation by category and their sub-costs in a clear manner. This should be in enough detail to determine each cost's allocability, allowability, and reasonability. No lump sum costs should be included and all costs should include a brief justification as to why they are needed in the budget narrative. Information on cost share should be included.

The Applicant must sign and submit the cost application standard form number SF-424 and SF-424A. Standard Forms can be accessed electronically at www.grants.gov.

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

The following sections describe the documentation that the Applicants must submit to USAID prior to award. While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary details to address the following:

- The budget must have an accompanying detailed budget narrative and justification that provides in detail the total program amount for implementation of the program your organization is proposing. The budget narrative must provide information regarding the basis of estimate for each line item, including reference to sources used to substantiate the cost estimate (e.g. organization's policy, payroll document, and vendor quotes, etc.).

- A budget for each program year with an accompanying detailed budget narrative which provides in detail the total costs for implementation of the program. The budget must be submitted using Standard Form 424 which can be downloaded from the following web site at: http://apply07.grants.gov/apply/FormLinks?family=15

- A breakdown of all costs associated with the program according to the costs of, if applicable, headquarters, regional and/or country offices.

- Applicants who intend to utilize contractors or sub-awardees must indicate the extent intended and a complete cost breakdown. Extensive contracts/agreement financial plans must follow the same cost format as submitted by the primary Applicant. A breakdown of all costs according to each partner organization, contract or sub-awardee involved in the program must be provided.

Pursuant to 2 CFR 200 Contract means a legal instrument by which the Applicant purchases property or services needed to carry out the project or program under a resulting award. The term does not include a legal instrument when the substance of the transaction meets the definition of a Federal award or sub-award (see § 200.92 Sub-award), even if the Applicant considers it a contract. The Applicant must describe the work to be performed, the risk borne by the contractor, the contractor's investment, the amount of subcontracting proposed by the contractor, and the quality of its record of past performance for similar work. For-profit contract organizations that work under the award and do not meet the above definition of a sub-awardee are eligible for profit/fee.

The cost/business application must contain the budget categories: as shown on the SF-424A.

The Applicant must submit a Negotiated Indirect Cost Rate Agreement (NICRA) if the organization has such an agreement with an agency or department of the U.S. Government. If the organization has no NICRA the Applicant must submit the following:

Reviewed Financial Statements Report: a report issued by a Certified Public Accountant (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation. The account must also state the he or she is not aware of any material modifications that must be made to the financial statements; or

Audited Financial Statements Report: An auditor issues a report documenting the audit was conducted in accordance with Generally Accepted Auditing Standards (GAAS), the financial statements are the responsibility of management, provides an opinion that the financial statements present fairly in all material respects the financial position of the company and the results of operations are in conformity with the applicable financial reporting framework (or issues a qualified opinion if the financial statements are not in conformity with the applicable financial reporting framework.

USAID has established a required cost share of five percent (5%) for the recipient of the award. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially or in-kind to implementation of activities at the country level. Applicants must estimate the amount of cost-sharing resources to be mobilized over the life of the agreement and specify the sources of such resources, and the basis of calculation in the budget narrative. Applicants must also provide a breakdown of the cost share (financial and in-kind contributions) of all organizations involved in implementing the resulting Cooperative Agreement.

The business section of the cost/business application must include:

1. Required assurances, certifications and representations

2. Evidence of responsibility the Agreement Officer can use to determine the Applicant:
   a. Has adequate financial resources or the ability to obtain such resources as require during the performance of the award;
   b. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant;
   c. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance;
   d. Has a satisfactory record of integrity and business ethics; and
   e. Is otherwise qualified and eligible to receive a Cooperative Agreement under applicable laws and regulations (e.g., EEO).

3. Statutory and Regulation Certifications: The Applicant shall complete the certifications in Section IV, B. Required Certifications and sign and date in the signature space provided. The signed and dated printout must then be submitted with the application as an annex to the cost application. Original signed hard copy of the certifications will be requested from the successful applicant prior to the agreement award.

Potential Request for Additional Documentation

Upon consideration of award or during the negotiations leading to an award, Applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to make an affirmative determination of responsibility. Applicants must not submit the information below with their applications. The information in this section is provided so that Applicants may become familiar with additional documentation that may be requested by the Agreement Officer:

The information submitted must substantiate:

1. Bylaws, constitution, and articles of incorporation, if applicable.
2. Whether the organizational travel, procurement, financial management, accounting manual and personnel policies and procedures, especially regarding salary, promotion, leave, differentials, etc., submitted under this section have been reviewed and approved by any agency of the Federal Government, and if so, provide the name, address, and phone number of the cognizant reviewing official. The Applicant must provide copies of the same.

Required Certifications

Applicants are required to submit the following certifications, assurances, and other statements:

a. A signed copy of **ADS 303mav, Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provisions**, which includes:

1. **Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs** (This assurance applies to Non-U.S. organizations, if any part of the program will be undertaken in the U.S.);
2. **Certification Regarding Lobbying** (**22 CFR 227**);

3. **Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals** (**ADS 206, Prohibition of Assistance to Drug Traffickers**);
4. **Certification Regarding Terrorist Financing**;
5. **Certification Regarding Trafficking in Persons;** and
6. **Certification of Recipient**

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

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

c. Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

Unique Entity Identifier and System for Award Management

Dun and Bradstreet and SAM.gov Requirements

USAID may not award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements. Each applicant is required to:

i. Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient.;
ii. Provide a valid unique entity identifier in its application; and
iii. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time.

6. Funding Restrictions

USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost principle under 2 CFR 200 Subpart E. of the Uniform Administrative Requirements may be paid under the anticipated award.

SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

A Selection Committee (SC) comprised of USAID employees shall conduct a merit review of the applications received that comply with the instructions in this NOFO. USAID may request clarification and/or supplemental materials from applicants whose applications have a reasonable chance of being selected for award. The entry into discussion is to be viewed as part of the evaluation process and will not be deemed by USAID or the applicants as indicative of a decision or commitment upon the part of USAID to make an award to the applicants with whom discussions are being held.

2. Review and Selection Process

A. Technical Evaluation

USAID will conduct a merit review all applications received that complies with the instructions in this NOFO. Applications will be reviewed and evaluated in accordance with the following criteria, which are equally weighted in terms of scoring value.

Criterion 1: Implementation Plan and Sustainability Approaches (maximum 6 pages) The Applicant should describe a credible and feasible approach to implementation, including strategy, activity description, and timeline; coverage, social, cultural, demographic issues, and impact. The Selection Committee will assess the Applicant's approach to innovation and consider the key challenges identified including effectiveness in a do-no-harm context in light of social and political sensitivities. The Applicant should also reflect USAID's guiding principles, including sustainable approaches through local partnerships, and align with Government of Haiti plans and strategies for vulnerable Haitian children living with and affected by HIV/AIDS and their communities and families disproportionately affected by this disease; the Selection Committee (SC) will consider the Applicant's ability to establish sustainable partnerships with focus on the set-up of partnerships to ensure systematic coordination with PMTCT, pediatric and adult care and treatment implementing partners, using clinical entry points to maximize enrollment of HIV positive children, HIV exposed children, and children of PLHIV receiving care and treatment, into the OVC program.
Criterion 2: Key Personnel (maximum 2 pages) The Applicant should demonstrate quality, experience, and appropriateness of key personnel, and demonstrate ability to effectively manage the proposed activity outlined in the technical approach.
Criterion 3: Management Plan/Institutional Capabilities/Past Performance (maximum 5 pages) The Applicant should describe the Applicant's technical and administrative capabilities, including, if applicable, institutional capabilities and past performance in implementing similar activities/projects/programs; USAID will assess the Applicant's approach to learning from effective approaches used in Haiti; adapting proven approaches from other settings; and leveraging, as appropriate, civil society, and/or private sector capacity; and sustainability. USAID will also assess the Applicant's past performance through the reference sheets included in the NOFO. These reference sheets should be completed and returned with the application.

B. Cost Evaluation

While Cost is less important than Technical and is not weighted, however, the cost application will be evaluated for cost effectiveness including the level of proposed cost share. Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application. In addition, the organization must demonstrate adequate financial management capability, to be measured for a responsibility determination.

All evaluation factors other than cost or price, when combined, are significantly more important than cost. However, estimated cost is an important factor.
Cost estimates will be analyzed as part of the application evaluation process. Proposed costs may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

C. Cost Sharing

USAID has established a required minimum cost share of five percent (5%) of the Award's projected value of $6 million USD for the recipient of the award. Leveraged non-USAID resources from private firms and institutions (such as equipment, training, level of effort and any in-kind contributions) may be considered part of cost share. Cost sharing may be also demonstrated either through direct funding, beneficiary contributions, in-kind assistance, or a combination thereof. USAID shall make the final determination and assess whether or not the Applicant's cost share contributions (e.g. categories or items) meet the standards set forth in 2 CFR 200.

3. Determination of Award

Following the recommendation of the Selection Committee, the Agreement Officer will make an award determination.

The Agreement Officer's decision regarding funding of an award is final and not subject to review. Any information that may impact the Agreement Officer's decision shall be directed to the Agreement Officer.

The Agreement Officer is the only individual who may legally commit the U.S. Government to the expenditure of public funds.

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

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

2. Administrative & National Policy Requirements

The resulting award will be administered using the policies and federal regulations that are available at the following websites:

ADS 303
https://www.usaid.gov/ads/policy/300/303

For U.S non-governmental organizations:
2 CFR 200 and 2 CFR 700
www.ecfr.gov

Standard provisions for U.S non-governmental organizations:
https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf

For foreign organizations (non-U.S. non-governmental organizations, the following standard provisions apply:
https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf

3. Reporting Requirements

A. Financial Reporting:

- The recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.). The recipient must submit a copy of the FFR at the same time to the Agreement Officer and the Agreement Officer's Representative (AOR).

- The recipient must submit the original and two copies of all final financial reports to USAID/Washington, M/CFO/CMP-LOC Unit, the Agreement Officer, and the AOR. The recipient must submit an electronic version of the final Federal Financial Form (SF-425) to U.S. Department of Health and Human Services in accordance with paragraph (a) above.

- On a quarterly basis, the AOR may require additional information related to financial

accruals and pipeline of funds. This information will help to ensure that the activity has adequate pipeline to conduct its programs. These reports/forms will be submitted when requested within 30 calendar days from the end of each quarter. In addition to this, Awardee will submit accruals reports to the AOR 15 days before the end of each quarter; and must contain at a minimum the following information:

- Total funds obligated to date by USAID into the award;
- Total funds expended to date, including a breakdown of the budget categories with additional detail to be provided upon request by the AOR;
- Pipeline (obligated funds minus expended funds);
- Funds and time remaining in the award;
- Breakdown of expenditures by type of funding.

B. Performance Reporting

The successful Applicant must submit a copy of quarterly, annual and final performance reports to the AOR in accordance with 2 CFR 200.328.

a) Annual Implementation Plan:

The Applicant should include a draft first year Implementation Plan, which displays expected activities per month to achieve the annual performance targets, as specified in the MEL Plan (below). The Implementation Plan will describe activities to be conducted at a greater level of detail than in the Program Description, but should cross-reference the applicable sections in the Program Description. The Plan should provide detail on the first three (3) months of performance to demonstrate the Applicant's plan for transition from the current implementing partner.

The Recipient must submit a final Annual Implementation Plan within thirty (30) days of the award date. The Recipient will work with the AOR throughout the Annual Implementation Plan development process to ensure the Annual Implementation Plan appropriately reflects activity objectives and the Program Description. The Annual Implementation Plan must detail the work to be accomplished during the upcoming year. Annual Implementation Plans for subsequent years are due to the AOR forty-five (45) days before the end of the preceding award year.

Annual Implementation Plans should include all sections described in the initial implementation plan. In addition, the subsequent annual implementation plans shall review the activities of the year that is ending, the activities that were implemented, the results achieved, and any problems that existed and how they were resolved. These subsequent annual plans should propose activity adjustments to reflect any lessons learned. As with the initial implementation plan, the AOR will review the plan and provide comments and recommendations to be incorporated into the final version submitted to the AOR for approval. In addition, all substantial changes in the Annual Implementation Plan require prior written approval of the AOR.

b) Monitoring, Evaluation and Learning (MEL) Plan:

The Applicant should include a draft MEL Plan as an annex to the application. The draft MEL Plan should include suggested performance targets, based on current OVC program achievement. Final targets will be established in collaboration with USAID at the onset of the Activity and will be based on PEPFAR OVC targets for Haiti.

The Recipient will submit its detailed MEL Plan for the life of the Activity within ninety (90) days of the award. This plan should be updated annually and submitted to USAID/Haiti for approval thirty (30) days prior to the beginning of each fiscal year. The AOR will review and approve the MEL Plan. The AOR will request any modifications required. The MEL Plan will include a robust set of indicators and targets to measure both short- and medium-term outcomes and long-term impacts. It will also describe relevant data collection and assessment procedures and quality control mechanisms. The plan will describe how relevant data and analysis will inform adaptive management of the Activity.

The MEL Plan is a living document. The Recipient is expected to recommend and make revisions to the MEL Plan in response to changing conditions and emerging lessons in consultation with the AOR.

c) Quarterly Performance Report:

Within thirty (30) days after the end of each quarter, the Recipient must submit one (1) original and one (1) copy of a performance report to the AOR. The performance reports are required to be submitted quarterly and must contain the following: 1) quantitative and qualitative analysis of progress against objectives, results, and targets; 2) summary of key activities for next quarter; 3) discussion of lessons learned, good practices, and success stories; 4) challenges outside the scope of the program description that affect implementation; 5) summary table of indicators, targets, and results to date; and 6) financials for the quarter and projections for the next two (2) quarters.

Furthermore, notification must be given in the case of problems, delays, or adverse conditions, which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken and any assistance needed to resolve the situation. Following receipt of the report, a “quarterly review” meeting with the AOR and other relevant Mission staff will be held to discuss results, challenges, and the way forward.

d) Annual Reports:

Within ninety (90) days after the close of each award year, in accordance with 2 CFR 200.328(b), the Recipient must submit to the AOR an annual report, inclusive of the final quarter report, which reflects the progress of the activities over the last year against the work plan/performance targets. The report should indicate the outputs and impact the Activity is having on the target beneficiaries. Annual and cumulative to date data should be included. Anecdotal stories and case studies, pictures and any other information that gives insight into the success of the Activity should be included.

e) Final Report:

The final performance report is due ninety (90) days after the expiration or termination of the award in accordance with 2 CFR 200.328(b). The final report shall include an executive summary of the Recipient's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the Recipient's activities and attainment of results by country or region, as appropriate during the life of the Cooperative Agreement; an assessment of the progress made toward accomplishing the objective and expected results significance of these activities; important research findings, comments and recommendations, and a fiscal report that describes how the Recipient's funds were used. The report should also indicate the contextual opportunities remaining that could easily be harnessed to sustain the results of the Activity.

C. Other Requirements

a) Branding & Marking Plan:

The apparently successful applicant will be required to submit a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer within thirty (30) days of the award. A Branding Implementation Strategy and Marking Plan must be in accordance with USAID Branding and Marking Plan as required per ADS 320 at the following link: https://www.usaid.gov/policy/ads/300/

b) Development Experience Clearinghouse (DEC) Requirements:

The Recipient must submit quarterly, annual and final performance reports to the AOR for clearance prior to submission to the USAID's Development Experience Clearinghouse in accordance with ADS 540.

D. Local Capacity Development/Sustainability/Gender

a) Local Solutions

OVC II will align with USAID/Haiti's focus on local solutions with assistance to the greater OVC community, including OVC families, to strengthen the areas where there are gaps. The Activity will enhance the capabilities of the collaborators and partners to provide comprehensive care to the OVC to manage deadly and contagious diseases within the OVC population, and to provide education awareness in HIV/AIDS sexual prevention, TB, and in water sanitation. The implementing partner for OVC II will continue to collaborate with other partners (Aids Healthcare Foundation (AHF), Elton John Foundation, etc.) involved in the provision of primary healthcare for at risk persons like OVC. Linkages will be established with private and public health centers, including those receiving technical and financial assistance from the PEPFAR program, and former OVC' attendance at clinics will be confirmed to the extent possible.
In an effort to contribute to improvements in the health of Haiti's vulnerable populations, OVC II will expand early identification of HIV-infected infants and ensure linkage to treatment; improve health care and social service delivery for HIV-infected and affected OVC; and increase the

capacity of families and communities to care for OVC including, HIV risk prevention among adolescent girls and young women. There is a critical need to provide quality HIV/AIDS services within the OVC population in Haiti, and prevention, testing and treatment services within targeted communities. The OVC II Activity will contribute significantly to improving health outcomes among a subsection of Haiti's most high-risk, priority populations. When disease prevention, screening, care, treatment, and behavior change activities are implemented within OVCs, the benefits of those activities can be far-reaching, impacting families and communities long after the end of the OVC II Activity.

b) Resilience

OVC II will consider resilience, which USAID defines as the "ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth," in the development of its approaches. The Applicant should consider resilience of the larger OVC community in terms of contingency plans, management structures, and resource distribution to mitigate risks for those most vulnerable to catastrophic health expenditures.

c) Flexibility

The development, political, and physical climates will change throughout the life of this project. For example, national elections and any resulting changes may take place in Haiti during the implementation term of the OVC II Activity and could lead to changes in counterparts and priorities. The Recipient will require the ability to adapt to known and unexpected changes.

d) Sustainability

It is essential that the interventions of this Activity are sustained, and that the systemic changes in Haitian institutions are sustainable and will continue to improve beyond the life of the Activity. OVC II interventions should respond to Haitian-defined wants and needs and be socially acceptable to Haitian people. The OVC II Activity should focus both on treating the individuals while strengthening the systems.

There are some forces that could inhibit sustainable change with respect to continued implementation. Instability in the health sector limits governance potential, as does decayed social institutions, and an overwhelmed OVC population scattered throughout the country. These conditions then further hamper health workers in delivering the appropriate health services to OVC and to the greater OVC family and community, and in collecting the data around that service delivery. Clear and consistent commitment from varying stakeholders will help the OVC II Activity overcome challenges, and will be a strong and mitigating effect against the potential undermining of any such challenges to the Activity. It is expected that OVC II will work collaboratively with other smaller local actors and non-governmental organizations to implement the goals and objectives that will reduce and control contagious disease among the vulnerable OVC population.

e) Gender Equality and Women's Empowerment

USAID/Haiti is committed to promoting gender equity within all health activities. Gender inequities, poverty, and economic vulnerability, along with cultural factors and low education levels, have put women and girls at heightened risk of illness, sexual and physical abuse, a reduction of rights, and even death. USAID will explicitly put women and adolescent girls at the center of programming in order to address pressing health needs, although programs will also focus on male involvement to support family and community health. Monitoring and evaluation of health activities will include general assessments, observations, and specific indicators to measure and report on the progress of incorporating gender. All data, as appropriate, must be disaggregated by gender.

Given the activities to be funded under this Activity involve direct contact with children and therefore could raise the potential of child abuse, the Activity must conduct a comprehensive assessment of potential risks and must develop and/or implement appropriate measures to prevent, mitigate, and respond to child abuse by Activity personnel. A description of these measures should be submitted with the first annual implementation plan for approval by USAID.

E. Environmental Status

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

An IEE # LAC-IEE-16-43 has been approved for the Activity funding the activities under this program description. The IEE covers activities expected to be implemented under a Cooperative Agreement. USAID has determined that a Negative Determination with Conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementation of all IEE conditions pertaining to activities to be funded under this solicitation. The IEE # LAC-IEE-16-43 expires at the end of FY2018; as such, at least 60 days prior to September 30, 2018, an IEE amendment must be submitted to the Mission Environmental Officer (MEO) for review and approval.

As part of its initial implementation plan, and all annual implementation plans thereafter, the recipient, in collaboration with the USAID Agreement Officer's Representative and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare

an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

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

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

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

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

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

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

Any questions or comments concerning this NOFO must be submitted in writing by email to Mr. Adam Cox at acox@usaid.gov with copy to Ms. Sandra Ricot at sricot@usaid.gov and to usaidhaitioaa@usaid.gov before the deadline for questions indicated at the top of this NOFO's cover letter.

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SECTION H: OTHER INFORMATION

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

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