Issuance Date: April 14, 2014
RFA Clarification Questions Due: 23:59 East African Time (EAT) on April 21, 2014
Past Performance References Due: 16:00 EAT on April 28, 2014
Closing Date: 12:00 EAT on May 19, 2014

Subject: Request for Applications (RFA) No. RFA-621-14-000008
Community Health and Social Welfare Systems Strengthening Activity

The United States Government, as represented by the United States Agency for International Development (USAID) Mission in Tanzania, is seeking applications (proposals for assistance funding) from U.S. non-governmental and non-U.S. non-governmental organizations for implementation of the Community Health and Social Welfare Systems Strengthening Activity in the United Republic of Tanzania (URT). The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended, and the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (the "Leadership Act").

This activity will be implemented over the course of the next five years. Implementation should be scheduled to begin in August 2014. USAID intends to award one (1) Cooperative Agreement providing approximately $32-36 million in total USAID funding, subject to the availability of funds.

For the purposes of this award, the terms "Program", "Activity", "Project" will be used as defined in 22 CFR 226.2. These definitions defer significantly from the definitions prescribed by the USAID Project Design guidance. In a few instances within this RFA the USAID Project Design definitions are used to describe this potential award in relationship to USAID/Tanzania Country Development Coordination Strategy (CDCS) or Global Health Initiative (GHI) Strategy.

USAID/Tanzania reserves the right to reduce, revise, or increase the application budget in accordance with the needs of the program and the availability of funds. Award made will be subject to periodic reporting and evaluation requirements and substantial involvement by USAID/Tanzania. Final authority for assistance awards resides with the USAID/Tanzania Mission Agreement Officer.

Prospective applicants are advised that the applicant funded under this RFA will be required to comply with Tanzanians laws and regulations. This includes any applicable registration and reporting obligations for foreign and Tanzanian NGOs working in Tanzania.

This RFA consists of this cover letter and the following:

- Section I – Funding Opportunity Description
- Section II – Award Information
- Section III – Eligibility Information
- Section IV – Application and Submission Information
- Section V – Application Review Information
- Section VI – Award and Administration Information

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Section VII – Agency Contacts
Section VIII – Other Information
Attachments

The federal grant process is now web-enabled. As of December 19, 2005, grant and cooperative agreement Request for Application (RFA) and Annual Program Statement (APS) announcements, modifications to the announcements, and the corresponding application packages must be posted via Grants.gov on the World Wide Web (www) to allow for electronic submission of applications. This RFA and any future amendments can be downloaded from this website: http://www.grants.gov/web/grants/home.html It is the responsibility of the recipient of the application document to ensure that it has been received from www.grants.gov in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions.

If your organization decides to submit an application, it should be received at USAID/Tanzania by the closing date and time specified by this RFA. To be eligible for award, the applicant must provide all required information in its application, including the requirements found in any attachments to this Grants.gov opportunity. Applicants must submit the full application package by one of the methods indicated in Section IV of this RFA.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. In addition, final award of any resultant grant cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures and an exception to the Single Partner Funding Limit received from the Office of the U.S. Global AIDS Coordinator. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; should circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.

Any questions concerning this RFA must be submitted to the USAID Tanzania mailbox at usaidtzco@usaid.gov by 23:59 hours local EAT time on April 21, 2014.

Sincerely,

Jennifer Norling
Agreement Officer
USAID/Tanzania

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

SECTION I - FUNDING OPPORTUNITY DESCRIPTION

A. Title

The United States Agency for International Development (USAID) is seeking applications for a grant to implement an activity entitled “Community Health and Social Welfare Systems Strengthening”.

B. Authorizing Legislation

The authority for the Request for Applications (RFA) is found in the Foreign Assistance Act of 1961, as amended, and the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (the “Leadership Act”).

C. Award Administration

22 CFR 226, OMB Circulars and the Standard Provisions for U.S. Nongovernmental Recipients will be applicable to the resulting grant if it is awarded to a U.S. organization. OMB Circulars and the Standard Provisions for Non-U.S. Nongovernmental Recipients will be applicable to the resulting grant if it is awarded to a non-U.S. organization. The Standard Provisions for Public International Organizations and any special provisions negotiated will be applicable to the resulting grant if it is awarded to a Public International Organization (PIO). These documents may be accessed through the links provided in Section VIII, 3. Applicable Regulations & References.

D. Applicability OF 22 CFR 226

The following provision will be included in any award to a U.S. entity resulting from this RFA:

APPLICABILITY OF 22 CFR PART 226 (May 2005)

(a) All provisions of 22 CFR Part 226 and all Standard Provisions attached to this agreement are applicable to the recipient and to sub-recipients which meet the definition of "Recipient" in Part 226, unless a section specifically excludes a sub-recipient from coverage. The recipient shall assure that sub-recipients have copies of all the attached standard provisions.

(b) For any sub-awards made with Non-US sub-recipients the recipient shall include the applicable "Standard Provisions for Non-US Nongovernmental Grantees." Recipients are required to ensure compliance with sub-recipient monitoring procedures in accordance with OMB Circular A-133.

E. Program Description Framework

COMMUNITY HEALTH AND SOCIAL WELFARE SYSTEMS STRENGTHENING

PURPOSE

The purpose of this program is to strengthen community health and social service systems in order to improve health, well-being and protection outcomes for HIV affected and other most vulnerable populations in Tanzania by creating more accessible, higher quality health and social services for HIV affected and other most vulnerable populations in targeted communities.

PROGRAM OVERVIEW

Tanzania's health and social service sectors continue to experience critical challenges, particularly in the areas of maternal and child health, and child protection and welfare. Malaria is the leading cause of death of Tanzanian children and is a major cause of maternal mortality. Widespread incidence of communicable diseases such as tuberculosis, respiratory infections, and diarrheal disease contribute to high morbidity and mortality, particularly amongst children under-five.

These challenges are further exacerbated by a generalized AIDS epidemic on the mainland and a concentrated epidemic in Zanzibar. Adult HIV prevalence is estimated at 5% with roughly 1.6 million Tanzanians living with HIV. [1] AIDS-related mortality has resulted in widespread disruption of family structures -- 10% of children in Tanzania have lost one or both parents, many of these deaths caused by AIDS. Social and gender norms, such as early marriage, and gender based violence also pose significant barriers to health and development, particularly for girls. By the age of 18, 30% of girls experience some form of sexual abuse, and over 70% of girls and boys have experienced physical violence. [2] According to evidence presented in the 2012 PEPFAR Guidance for Orphans and Vulnerable Children Programming, many children who have experienced violence tend to engage in risky behaviors and are more vulnerable to HIV infection. In addition, other socio-economic circumstances, such as high levels of poverty, low literacy rates, and poor legal protections leave many Tanzanians at risk of HIV infection and compromise their ability to seek care and adhere to treatment.

The national response to the HIV/AIDS epidemic is guided by the Government's *Health Sector Strategic Plan (2009–2015)*, which aims to improve the quality of essential health services and decentralize health services by increasing accountability of districts and facilities. The third *National Multi-Sectoral Strategic Framework on HIV/AIDS* (NMSF III), which is currently in

[1] Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics
(NBS), Office of the Chief Government Statistician (OCGS), and ICF International (2013). Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12

[2] UNICEF Tanzania, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences (2011). *Violence against Children in Tanzania: Findings from a National Survey, 2009*

development, will guide the approaches, interventions and activities of all actors engaged in addressing the epidemic and its impacts. The United States Government (USG) partially supports these plans through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Partnership Framework with the Government of Tanzania (GOT). The Framework aligns PEPFAR contributions with Tanzania's national priorities and aims to reduce new HIV infections and AIDS-related morbidity and mortality while improving the quality of life for those affected by the disease. As of October 2013, the USG and its partners were supporting 665,268 people living with HIV (PLHIV) with treatment and care services. Of those, 444,368 were receiving life-saving antiretroviral drugs (ARVs). In FY13, PEPFAR also provided health and social services to 306,285 children who are orphaned or vulnerable to HIV and AIDS.

Despite these achievements, HIV-affected households continue to face a number of barriers to much needed healthcare and social support. The systems for delivering comprehensive health and HIV/AIDS services are fragmented with little coordination between health facilities, social services and community-based care providers. As a result, Tanzania still experiences high default rates of patients enrolled in HIV care—up to 30% reported in some programs -- which contribute to high AIDS-related mortality. Weak community health and social service systems result in missed opportunities to prevent HIV infection/transmission and mitigate the impact of the disease among vulnerable populations, including identifying and reaching HIV-exposed and infected children with treatment and support services. Delivery of social services to support these vulnerable households is impeded by a system that is severely underfunded, poorly equipped, inefficient, unaccountable, and understaffed.

Achieving an AIDS Free Generation requires well-functioning community health and social service systems that are able to work together effectively. For the purposes of this award, the social service system can be understood as the system responsible for ensuring the welfare and protection of vulnerable populations. This includes mitigating the impacts of poverty (social protection), facilitating access to essential services, as well as preventing and responding to abuse, exploitation, and neglect. The community health system can be understood as the structures and mechanisms used by communities to interact, coordinate and promote health, nutrition, mental health and psychosocial wellbeing. Community systems strengthening is an approach that promotes the engagement and development of community actors in health and social service delivery.

USAID/Tanzania hypothesizes that if health and social protection systems are strengthened at the community level, then there will be a significant increase in the utilization of health and social services, particularly amongst vulnerable populations. As such, this solicitation seeks eligible institutions to partner with USAID/Tanzania to strengthen both formal and informal community health and social service systems in order to improve the health, well-being and protection of HIV-affected and other most vulnerable populations in Tanzania, including reducing HIV infection rates and improving HIV treatment adherence and retention. A successful applicant will meaningfully engage affected populations in the design, implementation and evaluation of interventions that will achieve the following objectives by the end of the five-year implementation period:

Objective 1:	Improved environment for community health and social services
Objective 2:	Higher performing human resources for community health and social services

Objective 3: Expanded and improved health and social service coordination and service models

Interventions funded through this solicitation will engage the GOT at the national and sub-national levels to operationalize national strategies and improve community-level health and social services for vulnerable populations. These strategies include, but are not limited to, Tanzania's National Multi-Sectoral Strategic Framework on HIV/AIDS, draft Social Welfare Workforce strategy; the Productive Social Safety Net (PSSN) program; the National Costed Plan of Action for Most Vulnerable Children; National Plan of Action for the Prevention and Response to Violence against Children (2013-2016), *National Guidelines for Home-based Care Services (2010)*, the *Guidance for Integration of 'Positive Health, Dignity and Prevention' (PHDP) in HIV Services in Tanzania*, and the *National Integrated Community Maternal, Newborn, and Child Health Guidelines, Community Based Health services strategic Plan (2014-2020)*. This program will also work in collaboration with existing and related national programs (i.e. both USG-supported and non-supported) to enhance investments in the health and social welfare sectors. The program will also have a robust learning agenda that will guide both program implementation and Tanzania's national response to HIV care and support. A successful application will demonstrate how program outcomes will be assessed and documented, as well as propose areas of inquiry to address gaps in the evidence-base.

PROGRAM RELATIONSHIP TO USG POLICY FRAMEWORKS

USAID/Tanzania is committed to capitalizing on HIV care and treatment gains won in partnership with the GOT, which have saved lives and improved the quality of life for many Tanzanians. The *PEPFAR Blueprint: Creating an AIDS-Free Generation* outlines the USG's commitment to scaling up HIV treatment and eliminating new HIV infections in children by 2015. Furthermore, the USG Action Plan for Children in Adversity challenges USG partners to advance social service gains by increasing programming for very young children, keeping children in families, protecting children against abuse, neglect, exploitation and other forms of violence. Community health and social support service delivery systems in Tanzania are critical to meeting these goals by improving the quality of life and reducing barriers to healthcare among vulnerable and HIV-affected households.

In 2010, the USAID Tanzania Health Office began implementing its five-year Global Health Initiative (GHI) strategy, which describes how the GOT, private and civil society stakeholders and USG will collaborate to accelerate priority health goals. Interventions implemented through this award will primarily contribute to realizing Intermediate Results 2 and 3 of the Tanzania GHI strategy as follows:

- IR 1 Increased access to quality integrated services with focus on maternal, neonatal and child health; family planning and reproductive health
- IR 2 Improved health systems to strengthen the delivery of healthcare services; and
- IR 3 Improved adoption of healthy behaviors—including healthcare-seeking behaviors— with a focus women and girls

This program will also promote USAID Tanzania's Implementation and Procurement Reform efforts, which promote building local capacity in both partner governments and civil society. Interventions funded through this solicitation will identify and strengthen new and existing

players working in the health and social sectors to become self-sustaining. These interventions will complement the USAID Democracy and Governance civil society organization (CSO) strengthening activities, which give local CSOs direct grants to support advocacy, issue-based networking, and social accountability monitoring.

PROGRAM RELATIONSHIP TO KEY URT POLICY FRAMEWORKS, INITIATIVES, AND INSTITUTIONS

USAID aims to enhance strategic partnerships with national and local governments, with particular emphasis placed on strengthening systems at the ward level and lower. The program will engage in critical partnerships and national policy frameworks as follows:

Cluster II of the National Strategy for Growth and Reduction of Poverty (NSGRP II) focuses on improving the quality of social services and reaching the majority of the poor and vulnerable groups. The broad outcomes identified under the cluster include quality of life and social well-being with particular focus on the poorest people, people with disabilities, and other vulnerable groups.

The ***Tanzania Social Action Fund (TASAF)*** is a government parastatal that implements the third phase of the national Productive Social Safety Net program. The PSSN III aims to reduce vulnerability to shocks and improve access to health, nutrition, and education through public works, cash transfers, savings and livelihood support, and local government strengthening.

The Prime Minister's Office of Regional Administration and Local Government **(PMO-RALG)** is responsible for overseeing autonomous local government institutions in Tanzania. Its mission includes the implementation of decentralization by devolution, the implementation of performance improvement-focused capacity building, and coordination between other Ministries, development partners, Regional Secretariats, and local government authorities (LGAs).

The Tanzania Commission for AIDS (TACAIDS) operates under the Prime Minister's Office and is responsible for the coordination of HIV activities across all ministries and sectors. Its responsibilities include the formulation of policy and guidelines, the fostering of national and international linkages among all stakeholders, and knowledge management. Managed by TACAIDS, coordination is guided by the *Second National Multi-Sectoral Framework* (NMSF II). The soon-to-be released NMSF III will guide the approaches, interventions and activities that are undertaken by all stakeholders in the country. The draft framework outlines the need to strengthen local partnerships with non-health sectors including CSOs, the private and informal sector, as well as religious and cultural leaders. It also integrates poverty reduction and food and income security into community care programming.

TACAIDS has also developed a ***Gender and HIV Operational Plan,*** which aims to assist a wide range of stakeholders to implement all HIV interventions from a gender perspective to increase equity, empowerment, responsibility and access to HIV services. This Operational Plan aims to guide HIV stakeholder contributions to achieve the United Nations third and sixth Millennium Development goals, which focus on gender equality, human rights and combating the HIV epidemic.

The Ministry of Health and Social Welfare (MOHSW) is responsible for the provision of basic health services that are of good quality, equitable, accessible, affordable, sustainable, and gender sensitive. Responsibilities include policy development, technical oversight of health facilities, as well as assurance of food and drug quality. The Reproductive and Child Health Section developed the *National Integrated Community Maternal, Newborn and Child Health Guidelines* in 2012, *Community Based Health services strategic Plan (2014-2020)*, which describes a range of services to be provided by community health workers to new mothers, including those who are HIV positive.

The **National AIDS Control Program** (NACP) is under the Directorate of Preventive Services of the MOHSW, and its activities cut across the departments in the Ministry. The Counseling and Social Support Unit (CSSU) of the NACP guides the delivery community-level health and social support services for PLHIV. Community-based care for PLHIV is guided by the *National Guidelines for Home-based Care Services (2010)* as well as the *Guidance for Integration of 'Positive Health, Dignity and Prevention' (PHDP) in HIV Services in Tanzania*, which articulates a comprehensive package of PHDP services at health facility and community levels. PHDP approaches encourage the involvement of PLHIV in all aspects of health promotion and advocates for programs and services that are available, accessible and relevant to diverse populations of PLHIV.

In mainland Tanzania, the **Department of Social Welfare (DSW)** operates within the MOHSW and is tasked with supporting the welfare and protection of most vulnerable children, the elderly, and people with disabilities. The Department coordinates the national response to most vulnerable children on the mainland, which is articulated within The *National Costed Plan of Action for Most Vulnerable Children 2013-2018 (NCPA II).* The NCPA II guides the implementation of actions and policies that aim to enhance the wellbeing of most vulnerable children by protecting their rights and preventing and/or reducing risks and mitigating the impacts of traumatic experiences. In Zanzibar, the DSW, operates within the Ministry of Social Welfare, Youth, Women and Children Development and also coordinates the multi-sector response to vulnerable children through its own strategic plan, which was launched in 2011.

The ***National Plan of Action for the Prevention and Response to Violence against Children (2013-2016)*** launches the long term plan for the GOT to address high prevalence of abuse and violence against children. The three-year, multi-sector plan addresses the findings of the national violence against children survey, released in 2011, that revealed nearly three out of every 10 girls and one out of every seven boys in mainland Tanzania and Zanzibar reported that they had experienced sexual violence.

National Policy Guidelines for the Health Sector Prevention of and Response to Gender-Based Violence outline the roles and responsibilities of the Ministry of Health and Social Welfare and its key partners in joint planning and implementation of comprehensive gender-based violence services at the facility and community-levels.

The Ministry of Community Development, Gender, and Children (MCDGC) is responsible for the promotion of community development, gender equality, equity, and children rights through formulation of policies, strategies and guidelines in collaboration with stakeholders in the country. Within the Ministry, the Community Development Division addresses

community development policy, self-help projects, and health, sanitation, and water. The Gender Development Division addresses gender mainstreaming and women in development. The National Plan Action for the Prevention and Response to Violence against Children is guided by a Multi-Sector Task Force of Violence Against Children, led by the MCDGC.

PROGRAM CONTEXT

With a population of 45 million, Tanzania is part of Africa's 'emerging face'—one of promise, stability, and opportunity to build on progress and bring about lasting change. Classified as a low-income country, the economy is driven by tourism, agriculture, mining, trade, and communications, with considerable economic growth averaging 7% per annum since 2000. Tanzania ranks among African nations making the greatest strides in the United Nations Development Program Human Development Index (currently ranked at 152 of 187). Despite this progress, poverty continues to remain high (68% of Tanzanians live on less than $1.25 per day), and gains have yet to be fully felt in rural areas, where 80% of Tanzanians live. Key constraints to development include lack of basic healthcare, the ongoing impact of HIV/AIDS and malaria, low levels of education, high levels of violence, an underperforming agricultural sector, lack of sufficient power, and corruption.

Disparities are seen in maternal, newborn, and child health, and nutrition. While great strides have been made in the fight against malaria (prevalence has dropped from 18% in 2008 to 9% in 2012[3]), it still remains the leading cause of child mortality. Tanzania also faces a generalized HIV/AIDS epidemic on the Mainland and a concentrated epidemic in Zanzibar. As of 2012, an estimated 1.5 million Tanzanians were living with the HIV, of which 15% were children[4]. Although HIV treatment is widely available, roughly 80,000 people die of AIDS-related illnesses each year, which has left 1.2 million children orphaned. The data also reveal significant gender differences in HIV prevalence. Further, Tanzania ranks 15th of the 22 countries with the highest tuberculosis burden with 38% of tuberculosis patients also infected with HIV.[5]

The HIV/AIDS epidemic has significantly impacted communities, family structures and the wellbeing of children. Nearly a quarter of households are headed by women – many of them widows – and more than a third of Tanzanian households include foster and/or orphaned children. These children often lack reliable adult care, adequate access to schooling, and are at increased risk of HIV infection. A 2005 rapid assessment found that more than half of these children lived in households with elderly caregivers; about 30% lived with other relatives or caregivers; and 12% were living in child-headed households. Given this backdrop, the GOT adopted the term "most vulnerable children" to prioritize all children in need of care and support.

Social and economic challenges faced by HIV-affected populations pose significant barriers to accessing critical health and social services, leading to high morbidity and mortality. Within the context of the HIV/AIDS epidemic in Tanzania, primary barriers are often associated with socio-economic status. A 2012 analysis of routine clinic data found that within a study cohort of nearly 90,000 Tanzanian adult ART patients, 18% defaulted from

[3] Data from the 2007/2008 and 2011/2012 Tanzania HIV/AIDS and Malaria Indicator Survey
[4] UNAIDS HIV and AIDS Estimates (2012)
[5] Tanzania Tuberculosis Profile (2011), World Health Organization

care within 12 months of treatment initiation and 36% defaulted after 36 months.[6] Qualitative program data from Kagera Region in 2012 cited transport costs, general poverty, perceived stigma and access to social support significantly impacted retention of PLHIV in care.

In a country with pervasive food insecurity and malnutrition, HIV-positive children experience higher rates of under-nutrition than their HIV-negative counterparts, resulting in higher risk of mortality.[7] A recent household economic assessment of families receiving assistance through USG-supported orphans and vulnerable children (OVC) and home-based care programs found that 16% of recipient households experience "extreme hunger" and another 32% experience moderate hunger. Nearly 40% of respondents reported not accessing care due to economic barriers, with the costs of accessing AIDS treatment exceeding or comprising a large proportion of respondents' reported monthly income.

There is also increasing evidence that violence against women and children contributes directly and indirectly to HIV transmission and poses significant barriers to healthcare. More than a third of Tanzanian women experience either physical or sexual violence; and 35% of ever-married women report that their husband or partner displays controlling behaviors.[8] Qualitative program data in Tanzania indicate that even though disclosure of HIV status to one's partner and family is associated with positive health outcomes, women often fail to disclose their status to their partners because they fear being beaten or divorced. Violence also compounds the vulnerability of children. A recent study on violence against children in Tanzania found orphaned girls were more likely to experience sexual violence than non-orphans. The study also found one in six females and males who experienced childhood sexual violence said that they would have liked services such as counseling and support from police or social welfare officers. However, many of these incidents go unreported due to weak social welfare systems.[9]

Under PEPFAR I and II, the USG in Tanzania has supported the GOT to improve the availability of household-and community-level care and support for PLHIV and vulnerable children. The USG has invested in addressing community-level human resource gaps, primarily through the establishment of a home-based care volunteer (HBCV) model and social welfare workforce development that improve access to health and social services by PLHIV, vulnerable children, and their families. USG investments in scaling up the HBCV model to care for and improve outcomes for PLHIV has significantly decreased AIDS-related morbidity and mortality.

The USG also prioritizes investments in social welfare and protection services for vulnerable populations, especially children, as a strategy for improving health, well-being and protection outcomes for HIV affected and other vulnerable populations, which also contributes to preventing HIV infection. USAID has provided financial support and technical assistance to strengthen existing social services and develop policies that protect and support vulnerable

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[6] G. Somi, S. C. Keogh, J. Todd et. al. (2012). Low mortality risk but high loss to follow-up among patients in the Tanzanian national HIV care and treatment programme. *Tropical Medicine and International Health, vol. 17 no. 4 pp. 497–506*

[7] Sunguya, B., Poudel, K., Otsuka, K., et al. (2011). "Under-nutrition among HIV-positive children in Dar es Salaam, Tanzania: antiretroviral therapy alone is not enough," BMC Public Health, 11:869

[8] National Bureau of Statistics (NBS) [Tanzania] and ICF Macro (2011). *Tanzania Demographic and Health Survey 2010.* Dar es Salaam, Tanzania: NBS and ICF Macro.

[9] UNICEF Tanzania, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences (2011). *Violence against Children in Tanzania: Findings from a National Survey, 2009*

children on the Mainland and in Zanzibar. USAID supports the national strategies for most vulnerable children in mainland Tanzania which guide the multi-sector approach to ensuring the well-being and protection of most vulnerable children. The USG also invests in the development of tertiary social work curricula and degree programs; training and placement of a volunteer, community-based cadre of para-social workers[10]; as well as the development of a ward-level social welfare assistant position, which has been included in the GOT scheme of service.

USAID has been a key stakeholder in the design of the third phase of the Tanzania Social Action Fund (TASAF), a GOT social safety net program that aims to reduce poverty and improve access to social services for vulnerable—particularly food insecure—households. TASAF, which is managed by the GOT with support from the World Bank, will provide cash transfers to vulnerable households and facilitate community savings and investments through the third PSSN program, which is currently being rolled-out throughout the country.

Another critical priority, particularly for addressing stigma and social exclusion, is promoting greater involvement of PLHIV, caregivers, and vulnerable children in supportive care. The USG has funded the development of guidelines for promoting Positive Health, Dignity, and Prevention (PHDP) strategies within HIV/AIDS care services. PHDP aims to achieve four main goals: (1) keeping PLHIV physically healthy; (2) keeping PLHIV mentally and psychologically healthy; (3) preventing transmission of HIV; and, (4) involving PLHIV in HIV prevention activities, program design, implementation, monitoring, leadership, and advocacy. To strengthen supportive care for HIV-affected children, USG activities also strengthen community institutions to coordinate care for children at the community level.

This community-focused program will also contribute a larger systems strengthening portfolio supported by the USG and other donors. Additional systems strengthening activities provide broad, national, regional and district level support to national and local governments to improve leadership and governance for health and social services, as well as promote a strong health and social service workforce, information systems, essential medical products and technologies, financing, and high quality health and social services.

RATIONAL FOR COMMUNITY SYSTEMS STRENGTHENING

The community health and social service system in Tanzania serves as an effective source of support and resources for local communities experiencing health and socio-economic challenges. As antiretroviral treatment becomes increasingly more available, community health and social service programs play a critical role in improving access and retention in HIV care and treatment services as well as improving the quality of life for affected populations. At the community-level, these services are provided mainly through extensive informal networks of community health workers, non-governmental organizations (NGOs), and other support actors (e.g. PLHIV networks) that promote health and wellbeing, provide community-based health services, and facilitate access to health facilities and formal support services. Similarly, social welfare officers and a new social welfare assistant cadre play a central role in delivering social welfare services along with para-social workers based at the village-level.

[10] Para-social workers are a community-based cadre that provides psychosocial and family support services as well as referrals for children to protective and social welfare services.

However, community resources are easily overwhelmed. Although the GOT continues to decentralize authority to districts and wards, resources to support local government to exercise authority remains limited. Few districts, wards, and villages have the technical expertise, resources and staff to implement policies and strategies developed at the national level. Many are not aware of their responsibilities under new legislation or believe that legislation does not reflect the reality on the ground.

The organizational and leadership capacity of many community-based organizations is weak. Few institutions have the capacity to adequately mobilize resources and effectively manage their financial and operational systems. In addition, the quality of mechanisms for promoting collaboration among community-based NGOs and local government to deliver services vary throughout the country. Few mechanisms actively engage community-based actors, including PLHIV networks, community social welfare committees and child protection teams in health and social service planning, budgeting and monitoring.

Vacancies within government health and social worker positions remain at critical levels. Only 33% of health worker positions are filled. With the current population growth rate, the health workforce gap will only continue to worsen. Those workers currently in these positions are handicapped by limited transport, job tools, poor supervision and mentoring, outdated and often impractical training, few incentives and opportunities for promotion. Despite the significant role of community health and social workers, many work informally (e.g. para-social workers, peer mothers) and receive limited support from the GOT.

Finally, the service delivery system is characterized by limited referrals between health and social support services, as well as between facility and community-based services resulting in inefficient and often ineffective services. In addition, many service models – including specific social welfare and protection service models have been recently introduced and require further support and study. Strengthening formal and informal community health and social service systems will create more accessible, higher quality health and social services for HIV affected and other most vulnerable populations. More accessible and higher quality services will lead to improved health, well-being and protection outcomes for HIV affected and other most vulnerable populations in Tanzania.

PROGRAMMING PRINCIPLES

This program will serve as a critical component of the USG's plan to gradually transition the HIV/AIDS program to the GOT and civil society. As such, activities funded through this award will be guided by the following principles:

- **Gender Considerations and Woman- and Girl-Centered approaches**

USAID will support interventions that address critical gaps in service access using gender-sensitive approaches to increase the uptake of health and social services by vulnerable populations regardless of gender. USAID will also support strengthening of systems that prevent gender-based violence and reduce girls' and women's vulnerability. These strategies will be assessed through routine monitoring, including through reporting mechanisms and site visits.

- **Country Ownership and Sustainability**

Activities funded through this solicitation will represent a significant shift from past and existing community health and social service programs by emphasizing a systems-based approach to improving health, well-being and protection while previous activities focused primarily on direct service delivery.

As such, USAID seeks implementation approaches that ensure community actors and institutions gain the capacity (e.g. human resources, tools, community engagement, mobilized civil society, functioning referral systems) to effectively implement national health and social service strategies as well as interventions to assess and document these approaches for future replication by the GOT as it assumes ownership of HIV/AIDS response in the medium to long term. Though a cost-share is not required, the program design should demonstrate how local investment and sustainability will be fostered amongst beneficiary local governments, civil society and communities. Proposed strategies may include cash or in-kind cost share (e.g. dedicated staff-time to program activities, free office space for implementing staff) or innovative public-private partnerships. In the current climate of declining donor funding, mobilizing and maintaining national resources and exploring opportunities to partner with and/or leverage from the private sector and other stakeholders is essential to achieving the proposed results in a sustainable way.

- **Coordination and Leveraging Existing Efforts**

Programmatic coordination will be critical for supporting and ensuring improved systems that facilitate linkage to HIV care, treatment and prevention. Interventions funded through this award will build on the activities of several awards that have recently ended or will end within the next fiscal year. Thus, supported interventions will collaborate with and leverage the resources of existing related programs on the ground. For example, USAID may support interventions that leverage the national PSSN program - a GOT social welfare initiative that is primarily supported by the World Bank.

- **Meaningful Involvement of PLHIV, OVC, their caregivers, families, peers, and other HIV-Affected Populations**

Activities will strengthen and facilitate the involvement of PLHIV groups, OVC, their caregivers, families, peers, and other relevant community actors in the planning, delivery and monitoring of care and social support services.

- **Learning and Accountability**

A significant focus of this solicitation is program learning to better inform the national community health and social service program (Component 3.2). In addition, activities funded through this award will be assessed through a comprehensive monitoring and evaluation plan and documentation of lessons learned (what worked and what didn't work) will be prospectively tracked and shared with MOHSW, partners, and USAID/Tanzania to continuously adapt and improve the program over the five-year period.

PROGRAM SCOPE AND APPROACH

- **Technical Approach**

The *Community Systems Strengthening (CSS) Framework* (2010)[11] defines community systems strengthening as an approach "that promotes the development of informed, capable and coordinated communities and community-based organizations, groups and structures." The CSS Framework identifies six core components for community systems strengthening, as follows:

1. Enabling environments and advocacy, including community engagement and advocacy for improving the policy, legal and governance environments;
2. Improving community networks, linkages, partnerships and coordination;
3. Resources and capacity building – including human resources with appropriate personal, technical and organizational capacities, and financing (for operations, supplies, technology etc.);
4. Community activities and service delivery;
5. Organizational leadership strengthening including management, accountability and leadership for civil society and community service providers; and
6. Planning, monitoring and evaluation including development of monitoring and evaluation systems, evidence-building and research, and knowledge management.

The CSS Framework serves is a useful complement to the WHO Health Systems Strengthening Framework and Social Service Systems Strengthening Framework (outlined in the 2012 PEPFAR Guidance for Orphans and Vulnerable Children Programming). Each of these frameworks recognizes strong legislation, good governance and leadership structures, sufficient financing, a capable workforce, accurate data and information systems, and effective coordination and referral mechanisms as the necessary inputs within a well-functioning community health and social service systems with improved health and social services are the outputs. Finally, positive health, well-being and protection outcomes are the goals of the system. This causal relationship is articulated in the Results Framework in this solicitation.

- **Geographic Scope**

USAID will fund interventions at multiple levels as follows: policy development at the national level; and capacity development, advocacy, and mobilization interventions in districts, wards and villages in Iringa, Njombe, Singida, Dodoma, Tabora, Morogoro, Mtwara, Lindi and Kilimanjaro Regions, as well as Zanzibar. Proposed interventions in other regions will be considered with appropriate justification. Once the agreement is signed, the successful applicant will finalize the geographic scope in collaboration with USAID and the GOT.

PROGRAM SCOPE

<u>Goal:</u> Improved health, well-being and protection outcomes for HIV affected and other most vulnerable populations in Tanzania

[11] The Global Fund to Fight AIDS, Tuberculosis, and Malaria (2011). Community Systems Strengthening Framework

<u>Purpose:</u> Enable more accessible, higher quality health and social services for HIV affected and other most vulnerable populations in targeted communities		
Objective 1: Improved environment for community health and social services	Objective 2: Higher performing human resources for community health and social services	Objective 3: Expanded and improved health and social service coordination and service models
1.1: Increased civil society engagement in health planning and implementation	2.1: Expanded and better equipped social service workforce	3.1: Improved community health and social service models to promote linkages and service referrals piloted
1.2: Improved organizational leadership and management capacity of community-based civil society service providers	2.2: Expanded and better equipped community health workforce	3.2: Improved service delivery models evaluated, shared and adopted within national policy and service delivery frameworks

Objective 1: Improved environment for community health and social services

The delivery of health and social services is guided by various government agencies and national policies. However, many of these national policies fail to impact services at a community level. Local government authorities, tasked with implementing policies developed at the national level, are often challenged to allocate limited resources to support a range of competing priorities and operationalize national policies within the local context. As Tanzania decentralizes its health and social services, community-based organizations have an ever-increasing role to play in ensuring that planning, budgeting, implementation and monitoring of health and social services are responsive to the needs of vulnerable populations.

1.1. Increased civil society engagement in health planning and implementation

Over the last several years, the GOT has developed a legal and policy framework to improve both health and social services for its most vulnerable populations. Implementation of these policies and strategic plans are significantly dependent on civil society creating response mechanisms, coordinating service delivery and promoting community-level awareness and behavior change. Many of these institutions exist in varied forms in communities throughout the country. However, it is unclear how well these institutions work collaboratively and have the capacity to support implementation of national policies. In addition, many of their mandates overlap, and thereby compromise the effectiveness and efficiency of community-based organizations.

USAID will support interventions that strengthen the capacity of community-based civil society organizations and institutions to engage with local government authorities in the planning, budgeting, implementation, and monitoring of health and social services for HIV affected and other most vulnerable populations. Supported interventions will also increase the coordination and networking capacity of these institutions and strengthen their ability to advocate for improved community health and social services district plans and budgets.

1.2. Improved organizational leadership and management capacity of community-based civil society service providers

Community-based civil society organizations face significant challenges expanding community health and social service programming. Many continue to operate informally, under weak management, with uncertain and inconsistent funding, and limited ability to implement national policy. Supported interventions will strengthen the leadership and management capacity of community-based service providers – primarily non-governmental and faith-based organizations, but also including MVCCs, village health committees and PLHIV networks -- to expand and sustain the delivery of quality community-based health and social services, which may include support for long-term strategic planning, management and resource mobilization and improvements to organizational systems such as monitoring and evaluation and information management. USAID will support sub-grants to these community-based institutions to pilot new and innovative service models and delivery mechanisms (see Objective 3.2.) with a focus on strengthening the capacity of the grantee to plan, fund, implement, and monitor services rather than funding service delivery directly. In the case that sub-grants are included as a strategy, USAID will support interventions that utilize clear, realistic indicators and milestones to demonstrate how interventions will move beneficiary institutions along the capacity development continuum.

Objective 2: Higher performing human resources for community health and social services

Improving the accessibility and quality of health and social services for vulnerable populations requires a well-staffed, competent, well-supported workforce at the community level. The *Law of the Child Act* places significant responsibilities on local governments and social workers, in particular "to safeguard and promote the welfare of the child within its area of jurisdiction." This includes effectively managing social welfare cases, collaborating with police on investigations and providing accommodation and assistance to children outside family care. However, according to the recent *Assessment of the Social Welfare Workforce in Tanzania* the existing workforce charged with carrying out these mandates, faces many challenges including acute shortages, ineffective co-ordination among social service partners, low staff morale and poor quality social service delivery.[12] Community Health Workers face similar challenges. They carry a heavy mandate and suffer from worker shortage, limited skills and support and are not adequately recognized within the national human resources for health (HRH) framework.

2.1 Expanded and better equipped social service workforce

A recent Social Welfare Workforce Assessment revealed that 70% of social welfare workers surveyed had a limited understanding of the policy and legislative frameworks that guide social welfare service delivery. Many social workers were unclear about their roles and responsibilities versus those of community development officers, particularly when working within a local government structure. Finally, many social workers surveyed were unqualified and worked in difficult environments with high case loads.

[12] Ministry of Health and Social Welfare (2012). *Assessment of the Social Welfare Workforce in Tanzania: Final Report*

Supported interventions will accelerate implementation of the Social Welfare Assistant and para-social worker programs at the district, ward and community levels. USAID will also fund activities that improve performance of social workers, including on-the-job training and development of job aides with a priority on case management. As a note, targeted national, regional and district human resources interventions, such as implementation of strategies for recruitment, retention, financing and human resources for health (HRH) information systems for social workers will be implemented through interventions supported through the Health Office's Health Systems Strengthening portfolio.

2.2 Expanded and better equipped community health workforce

The MOHSW has established a Task Force to advise the Ministry on matters related to community-based health services in line with the health sector policy, strategies, plans and guidelines. The goal of the National CHW Task Force is to develop a national program for CHWs and coherent community-based programs that account for a variety of needs and experiences on the part of health providers.

Supported interventions will build upon and continue support to the national technical working group to develop a national community health strategy and cadre. Supported interventions will also promote coordination and multi-sector engagement in national task force activities and promote learning, best practice and evidence-building in the development of community health human resources.

Objective 3: Expanded and improved health and social service coordination and service models

As noted, services are the outputs of the community health and social service system. When system inputs are effective and working well together, system outputs (services) are generally effective. Over the past several years, the GOT, PEPFAR and other partners have strengthened the policy environment for the delivery of comprehensive health and social services, however, local governments, civil society and community entities need support to implement these policies. These policy frameworks introduce new service delivery models that need to be piloted and assessed (including costing) to determine their effectiveness and inform further scale-up. Examples of models are as follows:

District child protection system: The National Plan of Action for the Prevention and Response to Violence against Children (2013-2016) and Child Protection legislation outlines plans for establishing a national child protection system, including the provision of critical prevention and response services from district to community-levels. With support from USAID and UNICEF, the Department of Social Welfare has piloted district child protection systems in model districts, with plans to reach 33 districts by 2015.

Integrated Community Maternal, Newborn, and Child Health (MNCH) package: The Reproductive and Child Health section of the MOHSW launched national guidelines in 2012 that describe community and household level activities to be performed by community health workers to promote MNCH, including postpartum family planning, prevention of mother-to-child transmission of HIV (PMTCT). Pilots of models are on-going in Morogoro, Tabora and other regions, and are a primary component of community interventions to contribute to the

national elimination of MTCT (eMTCT) plan currently implemented through the "Option B+" approach.[13]

Linkage and Retention in HIV care: Many HIV/AIDS care and treatment programs, including Tanzania's, are plagued with high default from care services as described in the most recent evaluation of PEPFAR released in 2013. As a result, HIV/AIDS prevention, care and treatment programs in Tanzania have been piloting various service delivery models aimed at increasing early enrollment into care post-diagnosis, increasing retention in care programs, and improving adherence to HIV/AIDS treatment. Most service delivery models utilize non-clinical resources (e.g. CHWs, peer-mothers, text messaging) to support clinical care interventions.

3.1 Improved community health and social service models to promote linkages and service referrals piloted

Through this solicitation, USAID seeks to fund the piloting of promising, innovative service delivery models that improve coordination and referrals between clinical and community services, as well as health and social services. This solicitation will fund activities that promote more comprehensive community health and social protection along the continuum of care, including care and treatment linkage and retention for key and other vulnerable populations[14]. Piloted models must address specific service delivery challenges and be based on evidence from Tanzania or countries with similar contexts. In addition, USAID is interested in models that promote better follow-up and efficiencies within referral systems, including new technologies that improve comprehensive service delivery. Most importantly, USAID anticipates funding piloted models that could be replicable by the GOT and its local partners (including the private sector) within the existing resource context. As a note, this program should not provide services directly on a large scale, but rather, collaborate with local governments and other implementing partners to pilot and assess innovative service delivery models (new and existing) and promote adoption of successful models within national policy frameworks.

3.2 Improved service delivery models evaluated, shared and adopted within national policy and service delivery frameworks

USAID will support activities that promote a community health and social service learning agenda that may include: (1) operational research to answer specific questions about piloted models, as per component 3.2 above; (2) rigorous analysis of formative and program data; and (3) performance and impact evaluations of pilot interventions. Potential research questions may include:

- What are promising models for linking and retaining key populations in care and treatment services
- How does increasing the uptake of social services affect the adoption of healthy and health-seeking behaviors?

[13] Option B+ is an approach to PMTCT, in which all pregnant women living with HIV are offered life-long ART, regardless of their CD4 count.
[14] Key populations (i.e. men who have sex with men, injecting drug users and sex workers) face structural barriers to services such as legal frameworks, stigma and discrimination.

- How does institutional strengthening of civil society service providers impact the community health and social service environment
- Does increasing the workforce improve outcomes for vulnerable children?

In addition, through this award, USAID is interested in funding activities that promote continuous information sharing within national (and international, as appropriate) public health forums and the adoption of successful models within national policy and service delivery frameworks.

MONITORING AND EVALUATION

Once the program is awarded, USAID will collaborate with the recipient to develop the monitoring and evaluation (M&E) plan that adequately aligns with the Mission and Health Office's strategy. However, the following are illustrative performance indicators for consideration by applicants.

ILLUSTRATIVE INDICATORS	
***Goal:* Improved health, well-being and protection outcomes for HIV affected and other most vulnerable populations in Tanzania**	***Maternal mortality rate*** ***Under-five child mortality rate*** ***HIV mortality rate***
Purpose: More accessible, higher quality health and social services for HIV affected and other most vulnerable populations in targeted communities	**HIV/AIDS care retention rate** **Gender-based and child violence rate**
Objective 1: Improved environment for community health and social services	# of districts that engage CBOs and PLHIV in health planning forums % of district, ward, and village plans that outline mechanisms for implementing key health and social service policies % of districts, wards, and villages that have mechanisms for meaningfully engaging vulnerable populations in planning and budgeting # and % of CBOs that have a complete/sound financial management system, which is known and understood by staff and consistently adhered to
Objective 2: Higher performing human resources for community health and social services	# of abuse or neglect cases reported # of social welfare assistants graduated from accredited program % of community health and social service workers using approved case work protocols, job aids and tools % of social workers that understand legislative and policy frameworks % of communities with incentivized CHWs addressing comprehensive health needs as per national guidelines

ILLUSTRATIVE INDICATORS	
Objective 3: Expanded and improved health and social service coordination and service models	# of districts with functioning health and social service referral systems in place # of piloted service delivery models adopted by national and local government % of health and social service referrals that are followed up to ensure services are received % of communities that engage in regular case conferencing or coordination meetings

[END OF SECTION I]

SECTION II – AWARD INFORMATION

1. Estimate of Funds Available

Subject to the availability of funds, USAID/Tanzania intends to provide approximately $32-36 million in total USAID funding for the life of the program (five years).

2. Type and Number of Awards

USAID/Tanzania intends to award one (1) Cooperative Agreement pursuant to this RFA to the responsible applicant(s) whose application(s) conforming to this RFA offers the greatest value to the U.S. Government.

3. Start Date and Period of Performance

USAID anticipates making an award in August 2014. The period of performance anticipated herein is five (5) years.

4. Substantial Involvement

USAID considers collaboration with the recipient crucial for the successful implementation of this program. In accordance with 22 CFR 226.11, a Cooperative Agreement implies a level of "substantial involvement" by USAID through the Agreement Officer's Representative (AOR) or the Agreement Officer. The intended purpose of USAID involvement during the award is to assist the recipient in achieving the supported objectives of the agreement. USAID expects to be substantially involved in the cooperative agreement in the following ways:

1. Approval, in writing by the USAID AOR, of the recipient's Implementation plan. Annual approval of the recipient's Work Plans shall constitute this approval. This approval does not change the terms and conditions of this award.
2. Approval, in writing by the AO in concurrence with the AOR, of Specified Key Personnel.
3. Approval, in writing by the USAID AOR, of the recipient's Monitoring and Evaluation plans; and
4. Authority to provide specified kinds of direction or redirection because of interrelationships with other activities by the AOR. If activities are not included in the award any changes are subject to AO approval.

[END OF SECTION II]

SECTION III – ELIGIBILITY INFORMATION

A. Eligible Applicants

Qualified applicants may be U.S. private voluntary organizations (U.S. PVOs), Tanzanian or other non-U.S. non-governmental organizations (NGOs) or private, non-profit organizations (or for-profit companies willing to forego profits), including universities, research organizations, professional associations, and relevant special interest associations. Public International Organizations (PIOs) and faith-based and community organizations are also eligible for award. In support of the Agency's interest in fostering a larger assistance base and expanding the number and sustainability of development partners, USAID encourages applications from potential new partners, particularly if they are joined with a more experienced organization.

B. Local Registration

All local institutions or affiliates of international organizations must be registered as a legal entity in Tanzania. Local registration is not a requirement at application time, but **it is required prior to the launch of program intervention.**

C. System for Award Management (SAM) Registration

All federal award recipients must maintain current registrations in the System for Award Management (SAM) database. Recipients must maintain accurate and up-to-date information in www.SAM.gov until all program and financial activity and reporting have been completed. Recipients must review and update the information at least annually after the initial registration and more frequently if required information changes or another award is granted. Failure to register in SAM will render applicants ineligible to receive funding.

D. Cost Sharing or Matching

Though a cost-share is not required, the program design should demonstrate how local investment and sustainability will be fostered amongst beneficiary local governments, civil society and communities. Proposed strategies may include cash or in-kind cost share (e.g. dedicated staff-time to program activities, free office space for implementing staff) or innovative public-private partnerships. In the current climate of declining donor funding, mobilizing and maintaining national resources and exploring opportunities to partner with and/or leverage from the private sector and other stakeholders is essential to achieving the proposed results in a sustainable way.

Contributions can be either cash or in-kind and can include contributions from the applicant, local counterpart organizations, program clients, and other donors (but not other U.S. government funding sources). Cost sharing contributions must be in accordance with OMB Circular A-122 - Cost Principles for Non-Profit Organizations which can be found at the following link http://www.whitehouse.gov/omb/circulars/a122/a122.html Information regarding the proposed cost share, if any, should be included in the SF 424 and the Budget as indicated on those documents. The cost sharing plan should be discussed in the Budget Notes to the extent necessary to demonstrate its feasibility and applicability to the program.

In addition, USAID strongly encourages applicants to actively leverage funds and in-kind contributions from all available and interested local funding sources, including, but not limited to, government and public institutions, individuals, corporations, NGOs, foundations, etc.

[END OF SECTION III]

SECTION IV – APPLICATION AND SUBMISSION INFORMATION

A. Application Package

The federal grant process is now web-enabled. Beginning November 1, 2005, the preferred method of distribution of USAID RFAs and submission/receipt of applications is electronically via Grants.gov, which provides a single source for Federal government-wide competitive grant opportunities. This RFA and any future amendments can be downloaded from www.grants.gov In order to use this method; an applicant must first register on-line with Grants.gov. If you have difficulty registering or accessing the RFA, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via e-mail at support@usaid.gov for technical assistance. Applicants may upload applications to www.grants.gov or they may choose to submit them directly to USAID/Tanzania via usaidtzco@usaid.gov. It is the responsibility of the recipient of the application document to ensure that it has been received from Grants.gov in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion processes.

In the event of an inconsistency between the documents comprising this RFA, it shall be resolved by the following descending order of precedence:

(1) Section V. B - Evaluation Criteria;
(2) Section IV. D – Submission of applications;
(3) Section IV. E - Application Preparation Guidelines
(4) Section I - Funding Opportunity Description.

B. Point of Contact

Jennifer Norling
Agreement Officer
e-mail: jnorling@usaid.gov

USAID/Tanzania
686 Old Bagamoyo Road, Msasani
P.O. BOX 9130
Dar Es Salaam

Tel: 255-22-2294490 ext. 4769/4670

C. Questions

Any questions concerning this RFA must be submitted to the USAID Tanzania mailbox at usaidtzco@usaid.gov by 23:59 hours EAT time on April 21, 2014. The subject line for questions must be "RFA # [Company Name] Questions". Oral explanations or instructions given before award will not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

D. Submission of Applications

Applications must be submitted no later than 16:00 hours local Dar-Es-Salaam time on May 19, 2014. Late applications will be accepted and reviewed at the discretion of the Agreement Officer.

Applications may be submitted using any one of the following methods:

1. Submission through www.grants.gov: Applicants are encouraged to up-load applications to www.grants.gov Please go to http://www.grants.gov for application instructions. For Grants.gov technical support, call 1-800-518-4726. Applications will be considered received by USAID on the date and time when the application has been submitted to Grants.gov for validation. Grants.gov will certify and electronically stamp applications upon receipt. Applicants are encouraged to contact USAID/Tanzania for confirmation that applications submitted via Grants.gov have been successfully received.

2. By Email Submission: Applicants e-mailing submissions shall forward them to the following e-mail address: usaidtzco@usaid.gov with the e-mail SUBJECT line to read: Application for the recipient's program to implement the "Community Health and Social Welfare Systems Strengthening" Activity. Applicants submitting electronic applications are responsible for ensuring that complete applications are received by the deadline. The time of receipt for electronic submissions will be based on the automatic electronic delivery time stamp from the usaid.gov e-mail server. USAID servers may automatically reject e-mails with zip files. Applicants submitting zipped files do so at the risk that their application will not be received. Acceptable file formats are Word, Adobe Acrobat, and Excel.

Hard Copy Submissions: A hard copy is not required if the submission is by email or grants.gov. **Only in the event of technical difficulties** applications may be submitted in two separate sealed envelopes: (a) technical portions of applications in an original and two copies and (b) cost portions of applications in an original and one copy. The applicant must also include a copy of the technical and cost applications on one CD which should be included with the hard copy submission. Applications and modifications thereto shall be submitted in envelopes with the name and address of the applicant and RFA # (referenced above) inscribed thereon. Applicants should submit the hard copy application package as follows:

Jennifer Norling, Agreement Officer
USAID/Tanzania
686 Old Bagamoyo Road, Msasani
P.O. BOX 9130
Dar Es Salaam

Tel: 255-22-2294490 ext. 4769/4670

E. Application Preparation Guidelines

Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk. All applications received by the deadline will

be reviewed for responsiveness to the specifications outlined in these guidelines and the technical and cost application format.

All applications must be submitted in English in two separate parts: (a) technical and (b) cost application.

Applications must in MS Word, Adobe Acrobat, and/or Excel in letter or A4 format and single-spaced, using 12 font. Use of smaller font or other page format may result in removal of application material provided to the evaluation panel.

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

(1) TECHNICAL APPLICATION FORMAT

The technical application will be the most important item of consideration in selection for award of the proposed program. The application should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Therefore, it should be specific, complete and concise and arranged in the order of the evaluation criteria contained in Section V.

Technical applications should not exceed 27 pages in length, exclusive of the three annexes. However, each annex has its own page limit (see below).

The technical application shall consist of the following:

1. Cover page (1 page)
2. Application Summary (2 pages)
3. Technical Narrative (24 pages):
    a. Technical Approach
    b. Implementation Plan
    c. Institutional Capacity

Annexes

1. Illustrative First Year Implementation Plan (2 pages or less)
2. Illustrative Award Monitoring and Evaluation Plan (2 pages or less)
3. Past Performance References (3 pages or less)

To facilitate the competitive review of the applications, USAID will consider only applications conforming to the prescribed format and page limitations. Any other information submitted will not be provided to the evaluation panel and will not be evaluated. Letters of support are not requested and will not be provided to the evaluation panel.

Technical applications must include:

Cover Page: A **single page** with the names of the organizations/institutions involved and the lead or primary applicant clearly identified. Any proposed sub-awardees should be listed separately. In addition, the Cover Page should provide a contact person for the prime applicant, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address, telephone and fax numbers and e-mail address. State whether the contact person is the person with authority to contract for the applicant, and if not, that person should also be listed with contact information. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office. Erasures or other changes must be initialed by the person signing the application. The TIN and DUNS numbers of the applicant should also be listed on the cover page. Also, the subawardees, if any, should obtain its DUNS number(s) via Internet at **http://fedgov.dnb.com/webform** (see Section VIII).

Application Summary (2 pages or less)

The Application Summary should summarize the key elements of the applicant's strategy and approach. The Application Summary should be concise and accurate.

Technical Narrative (24 pages or less):

The narrative should contain the following elements:

a. Technical Approach

The Technical Approach must set forth the conceptual approach, methodology, techniques, and results — the "what", the "how", and the "resulting in" — for accomplishment of the stated results/objectives. The purpose of this approach is to allow the applicant creative freedom to develop a plan for resource organization and use. It should: (1) reflect a thorough understanding of the current context and policy environment in Tanzania; (2) describe what the applicant will achieve and how the applicant will design, implement, monitor, and evaluate interventions to help achieve USAID, GHI, PEPFAR, URT, and other strategy health objectives; and, (3) describe a plan with benchmarks/indicators that will enable activities to continue after the award has ended.

Applications must detail how the applicant will achieve the prospective award's expected results. Applicants should propose innovative interventions to achieve desired results. The application should outline links between the proposed results, conceptual approach, performance milestones, and a realistic timeline for achieving the semi-annual, annual, and end of program results. The **logical framework** must highlight the logical linkages between intended inputs, planned activities and expected results. The framework shall adequately reflect the approaches and principles described in the program description and detail intended inputs and illustrative performance indicators to measure program outputs.

The application should discuss specific gender equality and women's empowerment objectives. The recipient will promote gender considerations under this program. Gender is not a euphemism for "women." It means examining the constraints and opportunities for both men and women – particularly as they may differ. Including gender means, for example: (1) assessing how the problems or challenges of men and women may be different, (2) how the impact of activities may affect them differently, and (3) how men and women

may contribute to results in different ways. Gender inclusion in program planning will result in better-targeted and more effective programs. Award recipients should address the need for increased gender balance in areas such as training, access to information, and other activities as appropriate. The recipient should demonstrate knowledge about gender issues and illustrate how that knowledge will be translated into effective program implementation. As appropriate and feasible, impact and indicator data will be disaggregated by gender.

b. Implementation Plan

The application must provide an Implementation Plan for achieving expected program results. The Implementation Plan should clearly outline links between the proposed results, conceptual approach, and performance milestones, and should include a realistic timeline for achieving the annual and end-of-program results. The Plan should also layout the proposed geographic areas of implementation; describe the beneficiary groups; and describe the timeline and process for project start-up.

The Implementation Plan must demonstrate how program outcomes will be sustained when the program ends. It must also describe how all components of the work can be handled without additional external intervention. The application can also describe how cost-share, if any or other strategies demonstrate local buy-in and anticipated sustainability of program interventions.

Applications must demonstrate the ability to mobilize and deploy core staff on the ground, and start actual activity implementation within four to six weeks of award. Applicants are also encouraged to demonstrate that they have contingency plans to provide the necessary interim staff so that rapid implementation begins regardless of the speed of local staff recruitment.

The application should specify the organizational structure of the entire program team, including home office support and implementing partners, if any, and describe how each of the components will be managed. The application should propose an overall staffing pattern that demonstrates the breadth and depth of technical expertise and experience required to achieve results. The application should demonstrate a solid understanding of key technical and organizational requirements and an appropriate mix of skills, while avoiding excessive staffing. Applications should also describe approaches to maximize cost-efficiency and streamline technical integration.

"Sub-recipients" are organizations that will have substantial implementation responsibilities. The application should identify any potential sub-recipients and clearly state the responsibilities of each proposed sub-partner in achieving the proposed results and the unique capacities/skills they bring to the program. If sub-recipients are proposed, applications should describe how the partnership will be organized and managed to use the complementary capabilities of partners most effectively and to minimize duplication of home office and local office management structures. Please note that documentation that reflects an "exclusive" relationship between sub-recipients is not requested and should not be submitted.

c. Institutional Capacity

Applications must offer evidence of available institutional, technical and managerial resources and technical expertise. Information in this section should include (but is not limited to) the following information:

- Brief description of organizational history and experience
- Examples of accomplishments in developing and implementing similar programs
- Relevant experience with proposed approaches
- Institutional strength as represented by breadth and depth of experienced personnel in activity relevant disciplines and areas
- Sub-recipient or subcontractor capabilities and expertise, if applicable
- Description of field management structure and financial controls;
- Home office backstopping, if any, and its purpose
- Description of any tools, approaches and other resources developed through previous institutional experience that will be applied to the program

Annexes

1) **Illustrative First Year Implementation Plan Matrix** (2 pages or less): Outlines the anticipated activities, outputs, and completion dates for the first year of program implementation.

2) **Illustrative Award Monitoring and Evaluation Plan** (2 pages or less): Brief description of how the recipient will program will monitor interventions, measure results, ensure data quality, and use data to inform on-going implementation and/or changes in direction

    a. Brief description of plans for baseline data collection, mid-term or final evaluations
    b. Propose critical outputs, anticipated outcomes and performance targets, indicators and benchmarks
    c. Propose potential areas for program research and learning

    However, this plan will be considered illustrative for the purposes of evaluating applications; however, once the award is made, finalizing this plan will be a key program. Within 90 days of the effective date of the award, the successful applicant will be required to submit a revised final Monitoring and Evaluation Plan, which will be approved by the USAID Agreement Officer's Representative (AOR). Baseline data must be finalized no late than 180 days after the award is made. See Section VI,D.(b).

3) **Past Performance References** (3 pages or less): Describe all contracts, grants and cooperative agreements which the organization has implemented involving similar or related programs over the past three years. Please include the following: name and address of the organization for which the work was performed; current telephone number and e-mail address of a responsible representative of the organization for which the work was performed; contract/grant name and number (if any); annual amount received for each of the last three years; beginning and ending dates; and a brief description of the project/assistance activity.

USAID will contact references and use the past performance data regarding the organization, along with other information to determine the applicant's responsibility. The Government reserves the right to obtain information for use in the evaluation of past performance from any and all sources inside or outside the Government.

Note: A past contract, grant, or cooperative agreement is not a prerequisite to apply and scoring of the application will not be affected, positively or negatively, simply by the fact that the applicant has or has not been a prior recipient of an award.

IMPORTANT: Past Performance References must be submitted to USAID Tanzania OAA mailbox usaidtzco@usaid.gov not later than April 28, 2014 in order to ensure feedback will be received at the time of the applications' submission deadline, May 19, 2014. The SUBJECT line on Past Performance References shall state "RFA # [company name] Past Performance".

(2) COST APPLICATION FORMAT

The Cost Application is to be submitted under separate cover from the technical application. Certain documents are required to be submitted by an applicant in order for an Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources.

The Cost Application shall consist of the following:

- Cover Page
- SF-424, SF-424A and SF-424B
- Mandatory Certifications and Assurances
- Acknowledgement of any amendments to the RFA
- Budget
- Budget Narrative
- Current Negotiated Indirect Cost Rate Agreement (NICRA)
- Other Documentation:
  a) Teaming documents (if any)
  b) Financial and Other Resources
  c) Responsibility Determination
  d) Waivers from or Approvals under USAID Procurement Requirement
  e) Disclosure of Data

The following sections describe the documentation that applicants for an assistance award 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 detail to address the following:

Cover Page: A **single page** with the names of the organizations/institutions involved and the lead or primary applicant clearly identified. Any proposed sub-recipients should be listed

separately. In addition, the Cover Page should provide a contact person for the prime applicant, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address, telephone and fax numbers and e-mail address. State whether the contact person is the person with authority to contract for the applicant, and if not, that person should also be listed with contact information. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office. Erasures or other changes must be initialed by the person signing the application. The TIN and DUNS numbers of the applicant should also be listed on the cover page.

SF-424, SF-424A and SF-424B

The applicants must submit their applications using the SF-424 series which includes:

- SF-424 Application for Federal Assistance;
- SF 424A Budget Information for Non-Construction Programs; and
- SF 424B Assurances for Non-Construction Programs.

The Cost Application must provide summary cost data in the SF-424A format using a development-focused budget (DFB), page 1 and 1A (add as many pages as necessary). The budget should be defined for each of the objectives and sub-objectives levels. DFB is a customer-based, performance-driven, results-oriented budget system underpinned by outcome management i.e. results. It calls for budgets to be developed based on the expected results and/or program areas. The SF-424A form allows for the submission of budgets by specific development results and/or program areas described program narrative. A given budget line item in the development focused structure will be the sum of all input-based costs that are applied by the grantee to achieve the associated technical development result.

Note: Grantees must develop their budget at the objective and sub-objective level. An illustrative example is: Objective 1 may by "Strengthen Policy Environment" and a sub-objective would be "Promote best practice in policy forums". See Program Scope in Program Description framework.

The SF 424, SF 424A and SF 424B documents can be found at/downloaded from the following website:

http://www.grants.gov/web/grants/forms/sf-424-family.html;jsessionid=QvQhT5HbBKbbkQQJL0YYL6yh0gRmPLbkHplzp3G10JKlYB7ynhmP#sortby=1

Mandatory Certifications and Assurances

All applicants must submit the signed copies of the following mandatory certifications:

Part I – Certifications and Assurances

1. Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs
2. Certification Regarding Lobbying

3. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (See ADS 206)
4. Certification Regarding Terrorist Financing, Implementing Executive Order 13224
5. Certification of Recipient

Part II – Key Individual Certification Narcotics Offenses and Drug Trafficking

Part III – Participant Certification Narcotics Offenses and Drug Trafficking

Part IV – Survey of Ensuring Equal Opportunity for Applicants

Part V – Other Statements of Recipient
1. Authorized individuals
2. Taxpayer Identification Number (TIN)
3. Data Universal Numbering System (DUNS) Number
4. Letter of Credit (LOC) Number
5. Procurement Information
6. Past Performance Reference
7. Type of Organization
8. Estimated Costs of Communications Products

These certifications and assurances can be found at the following link:
http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

Acknowledgement of Any Amendments to the RFA

Applicants shall acknowledge receipt of all amendments, if any, to this RFA by signing and returning the amendment as part of the cost application. The Government must receive the acknowledgement by the time specified for receipt of applications.

Budget

Applicants must submit an overall summary budget by year as well as a detailed annual budget defined by objective and sub-objective areas. Stated another way, the budget should relate to results while also showing the type of cost for each result. The budget must clearly display:

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;
- the breakdown of all costs according to each partner organization involved in the program;
- the detailed budgets must support information provided on the SF-424 and SF-424A;
- the costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance;
- the breakdown of the financial and in-kind contributions of all organizations involved in implementing this program; and
- the potential contributions of non-USAID or private commercial donors to this program.

Budget Narrative

To support the costs proposed, please provide detailed budget narrative for all costs that clearly identifies the basis of all costs, such as market surveys, price quotations, current salaries, historical experience, etc. The combination of the cost data and breakdowns specified above and the budget narrative must be sufficient to allow a determination whether the costs estimated are reasonable and realistic. If the information described below is provided in the budget described above, then the information need not be included in the Budget Notes. The following section provides guidance on issues involving specific types of costs. Please note that applicants are **not** required to present their costs in the budget or budget narrative in the format or order below.

i) Salary and Wages - Direct salaries and wages should be proposed in accordance with the applicant's personnel policies.

ii) Fringe Benefits - If the applicant has a fringe benefit rate that has been approved by an agency of the U.S. Government, such rate should be used and evidence of its approval should be provided. If a fringe benefit rate has not been so approved, the application should include a detailed breakdown comprised of all items of fringe benefits and the costs of each, expressed in dollars and as a percentage of salaries.

iii) Travel and Transportation - The application should indicate the number of trips, domestic and international, and the estimated costs per trip. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. *Per diem* should be based on the applicant's normal travel policies (applicants may choose to refer to the Federal Standardized Travel Regulations for cost estimates).

iv) Equipment – Specify all equipment to be purchased, including the type of equipment, the manufacturer, the unit cost, the number of units to be purchased and the expected geographic source.

v) Materials and Supplies – Specify all materials and supplies expected to be purchased, including type, unit cost and units.

vi) Communications – Specific information regarding the type of communication cost at issue (*i.e.* mail, telephone, cellular phones, internet *etc.*) must be included in order to allow an assessment of the realism and reasonableness of these types of costs.

vii) Procurement contracts/Subawards/Consultants – Information sufficient to determine the reasonableness of the cost of each specific procurement contract/subaward and consultant expected to be hired must be included. Please refer to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations" for guidance on determining the appropriate sub-tier instrument and note that USAID does not allow profit for recipients or subrecipients of federal assistance programs pursuant to 22 CFR 226.81. Similar information should be provided for all consultants as is provided under the category for personnel. Following the applicant's detailed budget breakdown, detailed budget breakdowns for each procurement contract/subaward shall be presented.

viii) Allowances – Allowances should be broken down by specific type and by person. Allowances should be in accordance with the applicant's policies and the applicable regulations and policies.

ix) Direct Facilities Costs – Specific information regarding the cost of any facilities needed to perform activities interventions. The information provided should include the unit cost (rent), the time period the facilities are needed and the number of facilities. Only facilities that directly benefit the activities interventions should be included in this category; all other facility costs should be included in the indirect cost category.

x) Other Direct Costs - This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, insurance (other than insurance included in the applicant's fringe benefits, as well as any other miscellaneous costs which directly benefit the program proposed by the applicant. The narrative should provide a breakdown and support for all other direct costs. If seminars and conferences are included, the applicant should indicate the subject, venue and duration of proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs.

xi) Indirect Costs - The applicant should support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency or with sufficient information for USAID to determine the reasonableness of any such cost proposed to be associated with this agreement. (For example, a breakdown of labor bases and overhead pools, the method of determining the direct versus the indirect costs, a description of all costs in the pools, *etc*.).

Current Negotiated Indirect Cost Rate Agreement (NICRA)

A current Negotiated Indirect Cost Rate Agreement and associated Disclosed Practices must be submitted, if the applicant has one.

Other Documentation

a. Teaming: If the applicant is a group of organizations that has actually formed a separate entity – *i.e.* a joint venture -- for the purposes of this application, then the cost application must include a copy of the documents that set forth the legal relationship between the partner organizations. If no joint venture is involved, the cost application should include a complete discussion of the relationship between the applicant and its partner organizations, how work under the program will be allocated and how work will be organized and managed. The Budget Narrative described above should discuss which team member is bearing a particular cost where appropriate and justify and explain the cost in question.

b. Financial and Other Resources: The cost application should include information on the applicant's financial status and management. All applicants should submit information relating to whether there has been approval of the organization's accounting system by a U.S. Government agency, including the name, address, and telephone number of the cognizant auditor. If the applicant has made a certification to USAID that its personnel, procurement and travel policies are compliant with applicable OMB circular and other applicable USAID and Federal regulations, a copy of the certification should be included with the application.

Organizations that have never been awarded a U.S. government contract or grant must present the following documentation:

(a) Audited financial statements for the past three years;
(b) Organization chart, by-laws, constitution, and articles of incorporation, if applicable;
(c) Copies of the applicant's accounting, personnel, travel and procurement policies. Please indicate whether any of these policies have been reviewed and approved by any agency of the U.S. government. If so, provide the name, address, email and phone number of the cognizant reviewing official. **Similar information should be submitted for all subrecipients.**

c. Responsibility Determination: Applicants should submit any additional evidence of responsibility deemed necessary for the Grant Officer to make a determination of responsibility. The information submitted should substantiate that the applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.

2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental.

3. 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.

4. Has a satisfactory record of integrity and business ethics; and

5. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations.

An award shall be made only when the Grant Officer makes a positive determination that the applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID.

For organizations that are new to USAID or organizations with outstanding audit findings, it may be necessary to perform a pre-award survey.

d. Waivers from or Approvals under USAID Procurement Requirement: If the applicant foresees the need for waivers from, or approvals required under, USAID eligibility rules for goods and services requirements, the applicants must request and justify a waiver and the need for such waiver(s) must be noted in the Cost Application. All waivers must be approved by the USAID/Tanzania Mission Director. Also, refer to Part V, Other Statements of Recipient, subsection 5. Procurement Information for more information and required submissions via the following link:
http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

e. Disclosure of Data: Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, should:

(a) 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__; and

(b) Mark each sheet of data it wishes 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."

[END OF SECTION IV]

SECTION V – APLICATION REVIEW INFORMATION

A. Basis for Award

Award will be made to the responsible Applicant whose application offers the greatest value, cost and other factors considered. The final award decision is made by the Grant Officer, with consideration of the Technical Evaluation Committee recommendations.

B. Technical Evaluation

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated.

The technical applications will be evaluated in accordance with the Technical Evaluation Criteria set forth below. Subcriteria are listed in descending order of importance.

1. **Technical Approach - 25 %**

    a) The extent to which the causal model (i.e. inputs, outputs and outcomes) is logical, well-conceived, evidence based and demonstrates innovation and best practice to achieve the program's objectives.
    b) The extent to which the proposed program approach is clear, technically sound and demonstrates a comprehensive understanding of the technical matter, responds to the critical gaps, and aligns with national policy frameworks.

2. **Implementation Approach - 35 %**

    a) The extent to which the application reflects the Programming Principles described in the solicitation as follows: gender equity and a focus on women and girls; country ownership and sustainability; program coordination and partnership; engagement of PLHIV; and learning and accountability.
    b) The extent to which the application describes approaches (including cost share if proposed) that promote sustainability, local buy-in and ownership.
    c) The extent to which the application promotes a robust learning agenda and other interventions to inform national policy and strategies.

3. **Institutional Capacity - 20 %**

    a) The extent to which the application demonstrates the necessary experience and resources to implement proposed activities (e.g. existence of capacity building tools, formative assessments, programmatic evidence of prior experience with proposed interventions).
    b) The extent to which the application demonstrates capacity to implement large multi-faceted programs of similar size and scope in a comparable country context with similar resource constraints and challenges.

4. Past Performance - 20 %

a) Past performance in successfully implementing social service and community systems strengthening interventions in a comparable country context with similar resource constraints and challenges.
b) Past performance in maintaining effective relationships with donors, host governments and other development partners.

Total: 100 %

Key Personnel
The Minimum Requirements for key personnel are detailed in the solicitation (Attachment C) and will be included in the award. Key personnel will not be considered during the evaluation of applications. However, USAID must approve key personnel prior to the start of the award. The Apparently Successful Applicant will be required to submit the resumes for the key personnel. Resumes should use a common format, not exceed two pages and should include at least three references with telephone numbers and e-mail addresses for each reference. Please note that documentation that reflects an "exclusive" relationship between an individual and an applicant is not requested and should not be submitted. Each resume shall be accompanied by a signed letter of commitment (not included in page limit) indicating his/her availability and commitment to serve in the stated position for at least one-year post award.

C. Cost Evaluation

Cost has not been assigned a weight but will be evaluated for realism, reasonableness, allocability, allowability, and cost-effectiveness. Cost-sharing, if any, will be evaluated on the level of financial participation proposed and the added value it represents to the program.

Cost realism will be performed as part of the evaluation process to:

- Assess the accuracy with which proposed costs represent the most probable and realistic cost of performance;
- Reflect a clear understanding of the requirements; and
- Ensure costs are consistent with the various elements of the applicant's technical application.

Cost applications should be submitted under separate cover from the technical application. The budget should also reflect all cost sharing, if any, to be provided by the applicant. Actual funding for this cooperative agreement will be negotiated based on the cost of the proposed approach and staff over the five-year period, subject to the availability of funds. While there is no page limit for this portion of the application, applicants are encouraged to be as concise as possible but still provide the necessary detail to enable USAID to perform a meaningful cost analysis. The cost section of the application should be supported by documentation and budget notes.

D. Review and Selection Process

The technical applications will be evaluated in accordance with the Technical Evaluation Criteria set forth above. Thereafter, the cost application of all applicants submitting a

technically acceptable application will be opened. To the extent that they are necessary, negotiations will then be conducted with all applicants whose application, after discussion and negotiation, has a reasonable chance of being selected for award. The Grant Officer will then select an Apparently Successful Applicant. The Apparently Successful Applicant means the applicant recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Grant Officer. The Grant Officer will request that the Apparently Successful Applicant submit resumes of proposed key personnel (see Section V, B. and Attachment C). The Grant Officer will also request that the Apparently Successful Applicant submit and negotiate a Marking a Branding Strategy and Marking Plan that addresses the details of the public communications, commodities, program materials that will visibly bear the USAID Identity. The Marking Plan will be customized for the particular program and will be included in and made a part of the resulting cooperative agreement. USAID and the Apparently Successful Applicant will negotiate the Branding Strategy and Marking Plan within the time specified by the Grant Officer. **Failure to submit and negotiate the Branding Strategy and the Marking Plan will make the applicant ineligible for award of a cooperative agreement.** The applicant must include an estimate of all costs associated with branding and marking USAID activities, such as plaques, labels, banners, press events, promotional materials, and so forth in the budget portion of its application. These costs are subject to revision and negotiation with the Grant Officer upon submission of these plans and will be incorporated into the Total Estimated Amount of the cooperative agreement. The templates for the Branding Strategy and Marking Plan will be attached to a notice of making an award to the Apparent Successful Applicant under this RFA.

The Grant Officer will review the Marking Plan for adequacy and reasonableness, ensuring that it contains sufficient detail and information concerning public communications, commodities, and program materials that will visibly bear the USAID Identity. The Grant Officer will evaluate the plan to ensure that it is consistent with the stated objectives of the award; with the applicant's cost data submissions; with the applicant's actual program performance plan; and with the regulatory requirements of 22 CFR 226.91. The Grant Officer will approve or disapprove any requested Presumptive Exceptions (see paragraph (d)) on the basis of adequacy and reasonableness. The Grant Officer may obtain advice and recommendations from technical experts while performing the evaluation.

E. Anticipated Announcement and Award Dates

An award is anticipated in August 2014.

[END OF SECTION V]

SECTION VI – AWARD ADMINISTRATION AND INFORMATION

A. Authority to Obligate the Government

The Grant 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 Grant Officer. The award document or pre-award authorization, if any, will be provided by the Agreement Officer to the Apparently Successful Applicant electronically.

B. Award Notices

All applicants will be notified in writing of the final decision regarding their application. Pursuant to ADS 303.7.1.b, the Agreement Officer will electronically notify unsuccessful applicants that they will not be considered further for an award. A debriefing may be provided if requested in accordance with ADS 303.3.7.2.

C. Administrative and National Policy Requirements

1. **Award Format:** If award is made to a U.S. or non-U.S. organization, the standard format for award of a grant to a U.S. or non-U.S. organization, as prescribed in ADS 303, will be used. If award is made to a public international organization, the standard format for an award to a PIO, as prescribed in ADS 308 but modified for a cooperative agreement, and with special provisions negotiated as necessary, will be used.

2. **Allowable Costs:** Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, the Federal Acquisition Regulation (FAR) Part 31 (48 CFR 31.2 – Cost Principles for Commercial Organizations) for-profit organizations, the Mandatory Standard Provision entitled "Allowable Costs (JUNE 2012)" for non-U.S., Nongovernmental recipients, and the Mandatory Standard Provision entitled "Allowable Costs APRIL 2011)" for Public International Organizations), may be paid under the grant.

D. Reporting Requirements

1. Financial Reporting

a) 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 (DHHS) (http://www.dpm.psc.gov) within 30 calendar days following the end of each quarter. The recipient must submit a copy of the Federal Financial Form (FFR) at the same time via e-mail to the Agreement Officer and the Agreement Officer's Representative AOR.

b) The recipient is also required to provide quarterly accruals and quarterly financial expenditure reports to USAID/Tanzania within 45 days after the end of the quarter at accountspayabletz@usaid.gov The quarterly expenditure report shall include, at minimum, obligations to date, the approved budget, expenditures to date, accruals to date, and the balance remaining.

For U.S. recipients who use Letter of Credit mechanism of payment the following statement will be included in the award:

The recipient must submit the original and two copies of all final financial reports to USAID, Office of Financial Management, Cash Management and Payment, Letter of Credit Unit (M/FM/CMP-LOC Unit), the Agreement Officer and the AOR within 90 calendar days after the date of completion of the award. The recipient must submit an electronic version of the final Federal Financial Form (SF 425) to the U.S. Department of Health and Human Services in accordance with paragraph (1) above.

2. Performance Reporting

Monitoring and Evaluation (M&E) Plan: Within 90 days of the start of the award, the recipient will be required to submit a final Monitoring and Evaluation Plan for a USAID approval. Baseline data must be finalized no late than 180 days after the award is made.

The M&E Plan will:

- Describe how the recipient will monitor program interventions, measure results ensure data quality, and use data to inform on-going activities
- Describe how data will be collected, stored and analyzed
- Detail critical outputs, anticipated outcomes and performance targets, indicators and benchmarks as per the logical framework and informed by a baseline data
- Include outputs and indicators that are informed by and responsive to the USAID Tanzania Country strategy as well as relevant international and national strategies
- Include a Learning Plan, which will establish a learning agenda (including program questions and evidence gaps); detail plans for conducting implementation science activities; describe how program evidence will be utilized to inform other public health partners and stakeholders (i.e. implementing partners, GOT, technical forums)

The M&E Plan must set forth a comprehensive plan that measures impact and progress toward achieving results over the life of the award. It must include indicators, targets, data sources and collection methods, baseline information, benchmarks and schedule for periodic evaluations by the recipient. The M&E Plan must also include mechanisms through which findings can be incorporated, on a continual basis, to the implementation process. Recipient must discuss ways in which the collection, analysis and reporting of performance data will be managed under the program. All data collected must be disaggregated by gender, if applicable. In designing the overall monitoring plan, applicants should consider the extent of the recipient's human and financial resources necessary to implement that plan.

Annual Work Planning: The Annual Work Plan details the specific interventions, milestones and outputs that will be accomplished within implementation year. It also demonstrates how the recipient will address program challenges and build on activities from the prior years' implementation. The recipient will follow the standard USAID Tanzania annual planning and submission processes with the following considerations:

- **Target Setting:** The recipient will work collaboratively with the AOR to set annual program targets that will contribute to reaching USAID Tanzania Mission-wide strategic plans, the Health Office Operational Plan (OP), and Malaria Operational Plan (MOP). Annual targets will also contribute to global PEPFAR targets as set out by the *PEPFAR Blueprint: Creating an AIDS-free Generation* or current guidance established by the Office of the Global AIDS Coordinator and country PEPFAR Coordinating Office. Initial program target setting will be informed by existing and aprogram baseline data that should be available within 180 days of program start-up.

- **Annual Work Plan Components**

- An executive summary that describes previous years' achievements and challenges, and a description of the key highlights of the forthcoming year, ensuring to demonstrate how challenges will be addressed and best practices reinforced.
- Narrative description of proposed activities and anticipated outputs and outcomes.
- Implementation matrix that outlines the anticipated activities, outputs, and completion dates.
- Description of personnel, management, and oversight changes and requirements to achieve expected outcomes.
- If the program includes sub-grants, a brief description of sub-grantee activities and timeline.
- Description of anticipated participation in national or international conferences, meetings or other special events where program staff will engage with stakeholders about program activities.
- Budget summary, detailed program-based budget and budget notes narrative.

Program Performance Reporting: The recipient will submit a quarterly progress report no later than 30 days after the end of the quarterly reporting period. Quarterly reports should contain, at a minimum:

- Per 22 CFR 226 performance reports must contain a comparison of actual accomplishments with the goals and objectives established for the period, the findings of the investigator, or both. Whenever appropriate and the output of programs or projects can be readily quantified, such quantitative data should be related to cost data for computation of unit costs.
- An executive summary with a narrative summary of overall achievements against planned achievements and a brief description of any realized or potential performance challenges. Achievements are quantified against both principal and collateral grant targets/indicators wherever possible or leaving detailed analysis for later sections. Description of challenges and proposed solutions; and description any support needed from the AOR.

- Analysis of any cost overruns and a proposal to address the overruns in the following quarter.
- A table that details current and cumulative progress (activities completed, benchmarks achieved, performance standards completed) since the last report by program area; reported against program objectives.
- Provide an at-a-glance data summary table, which identifies all results and their corresponding targets/indicators. The table should include targets, actuals achieved, budgeted costs and actual amounts expended by objective, sub-objective, and specific activities. An illustration is provided below:

Development Result	Indicator	Target	Actual	Budgeted Cost	Actual Cost
#1: Rehabilitated laboratories	Number of labs meeting international standards	5	3	$ 750,000.00	$ 813,240.00
#2: Revamped surveillance system	Number of reporting units using new system	45	27	$ 1,500.00	$ 1,250.00
#3: Retrained Primary Health Care practitioners	Number of PHC practitioners trained	300	350	$ 75.00	$ 60.00

- Expenditure report. A template with deadlines will be provided by the AOR.
- List of upcoming events with dates (e.g. program launch, data dissemination, high-level site visit) particularly those in which the recipient requires USAID Tanzania participation.
- A summary of financial expenditure data in reference to achievements. Grantees must indicate whether spending towards each result is "less than anticipated, on target with estimates, or more than anticipated." Reports which indicate that expenditures are less or more than anticipated are supported with rationale detailing the probable cause(s). Reports which indicate that expenditures are more than anticipated should include a plan for ensuring that the performance of the result will be met within the estimated grant budget for that result.

The fourth quarter report will also serve as an Annual Report. The 4th Quarter Annual Report should ***include the components listed above, as well as the following***:

- A description of aggregated achievements for the year.
- A description of key lessons learned and how the lessons will be used to inform the coming year's Annual Work Plan.
- At least one success story which provides information that demonstrates the impact that the program has had during the reporting period. Guidance for developing success stories for USAID can be found at the following link: http://www.usaid.gov/results-data/success-stories

PEPFAR Performance Reporting: This program will primarily be funded through the annual PEPFAR Country Operational Plan. As such, the recipient must report against agreed upon annual targets on a semi-annual and annual basis. Each reporting period, USAID sets submission deadlines, which are generally 30 days prior to the end of the reporting periods (i.e. March and September).

In addition, the recipient must report annually on program expenditures. Specifically, the recipient must use the form PEPFAR Program Expenditures (DS-4213 OMB 1405-0208) as a part of completing the PEPFAR Annual Progress Report at the end of each USG fiscal year (September 30)."

Final Report: No later than the end date of this award, the recipient shall submit a draft of the Final Report to the AOR for approval. The recipient shall submit electronic copy of the final performance report to the AOR and the Agreement Officer and one copy, in electronic (preferred) or paper form of final documents to one of the following: (a) via U.S. Postal Service:

Development Experience Clearinghouse (DEC)
Suite 210
8403 Colesville Road
Silver Spring, MD 20910

or (b) online: http://dec.usaid.gov, then click on Submit Reports.
Email: docsubmit@usaid.gov

The final performance report will:

1. Provide a detailed description of the program's accomplishments and its impact.
2. Summarize the program interventions implemented under this program during the period of this Cooperative Agreement, focus on the significance of these program interventions and their sustainability.
3. Elaborate on the issues and problems that emerged during program implementation; specify how they were addressed and what lessons were learned.
4. Provide comments and/or analysis regarding unmet targets (if any), and future needs as well as recommendations on how to meet them.

3. Other Considerations: In responding to this RFA, potential applicants should bear in mind the following special considerations:

a) Authorized Geographic Code: The following provision is applicable to this RFA and will be incorporated into any award made hereunder:

The Authorized Geographic Code is 935 for the procurement of goods and services.

b) *Methods of Payment:* The following text will be included in the award under the *Methods of Payment* Section:

The USAID encourages the Grantee to consider alternative methods of payment, especially electronic forms of payment, in place of cash payments when appropriate.

The transition from cash to electronic payments has potentially significant benefits for all groups involved:

- Cost Savings. Decreasing the costs associated with physical cash operations
- Transparency. Increased accountability and tracking of financial flows

- Security. Safer delivery of payments, especially for women
- Financial Inclusion. Reaching those not yet in the financial services sector
- New Market Access. Opening doors for fee-for-service business models to previously unserved areas due to high transaction costs.

In Tanzania, mobile money is one method of electronic payment that has the potential to reach large swatches of the population. Mobile penetration is over 50% of the population and mobile money agents far outnumber ATMs and banks. Mobile money can also directly support USAID's broader goals because it increases financial inclusion, improves transparency, and roots out corruption by preventing leakages and also increases broad based economic growth.

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

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.

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

An Initial Environmental Examination covering Strategic Objective 10: "Enhanced Multisectoral Response to HIV/AIDS" was originally approved on January 28, 2005 under **35Tanzania1_SO10_HIV_AIDS_PEPFAR** and an amendment was approved in June, 2009. A copy of the referenced document is found in Attachment B of this RFA.

The IEE covers activities expected to be implemented under this 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 applicant shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this award.

USAID anticipates that environmental compliance and achieving optimal development outcomes for the proposed activities will require environmental management expertise.

Respondents to the solicitation should therefore include as part of their application their approach to achieving environmental compliance and management, to include:

- The applicant's approach to developing and implementing an environmental review process for a grant fund.
- The applicant's approach to providing necessary environmental management expertise, including examples of past experience of environmental management of similar activities.
- The applicant's illustrative budget for implementing the environmental compliance activities. For the purposes of this solicitation, applicant should reflect illustrative costs for environmental compliance implementation and monitoring in their cost application.

1a) The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (http://www.usaid.gov/policy/ads/200/), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA, which shall be included into the award.

1b) 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.

1c) No activity funded under this Cooperative Agreement will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

2) Negative Determinations with conditions: Not applicable

3) Positive Determination: Not applicable.

4a) As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID AOR and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this Cooperative Agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.

4b) 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.

4c) 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.

[END OF SECTION VI]

SECTION VII- AGENCY CONTACTS

It is anticipated that this RFA, including any references/hyperlinks/attachments set forth herein, contains everything that a potential applicant will need to apply. However, if additional information is needed, a potential applicant may contact USAID/Tanzania through usaidtzco@usaid.gov

Contact information:

Jennifer Norling, Agreement Officer, **and** Galina Ponkratova, A&A Specialist
jnorling@usaid.gov or gponkratova@usaid.gov

USAID/Tanzania
686 Old Bagamoyo Road, Msasani
P.O. BOX 9130
Dar Es Salaam

Tel: 255-22-2294490 ext. 4769/4670

[END OF SECTION VII]

SECTION VIII – OTHER INFORMATION

1. The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received. USAID reserves the right to fund any or none of the applications submitted.

2. *HIV/AID activities provisions:*

a) The following provision is applicable to this RFA:

CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – SOLICITATION PROVISION (FEBRUARY 2012)

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

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

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

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

(2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.

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

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

[END OF PROVISION]

b) The following provisions are applicable to this RFA and will be incorporated into award made hereunder:

CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)

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

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

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

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

(b) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a) above.

[END OF PROVISION]

CONDOMS (JUNE 2005)

Information provided about the use of condoms as part of projects or activities that are funded under this agreement must be medically accurate and must include the public health benefits and failure rates of such use and must be consistent with USAID's fact sheet entitled, "USAID: HIV/STI Prevention and Condoms." This fact sheet may be accessed at: **http://pdf.usaid.gov/pdf_docs/pdacf817.pdf**

The prime recipient must flow this provision down in all subawards, procurement contracts, or subcontracts.

[END OF PROVISION]

PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (APRIL 2010)

a. The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

b.

(1) Except as provided in (b)(2) and (b)(3), by accepting this award or any subaward, a non-governmental organization or public international organization awardee/subawardee agrees that it is opposed to the practices of prostitution and sex trafficking because of the psychological and physical risks they pose for women, men, and children.

(2) The following organizations are exempt from (b)(1): the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

(3) Contractors and subcontractors are exempt from (b)(1) if the contract or subcontract is for commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding.

(4) Notwithstanding section (b)(3), not exempt from (b)(1) are recipients, subrecipients, contractors, and subcontractors that implement HIV/AIDS programs under this assistance award, any subaward, or procurement contract or subcontract by:

(i) Providing supplies or services directly to the final populations receiving such supplies or services in host countries;

(ii) Providing technical assistance and training directly to host country individuals or entities on the provision of supplies or services to the final populations receiving such supplies and services; or

(iii) Providing the types of services listed in FAR 37.203(b)(1)-(6) that involve giving advice about substantive policies of a recipient, giving advice regarding the activities referenced in (i) and (ii), or making decisions or functioning in a recipient's chain of command (e.g., providing managerial or supervisory services approving financial transactions, personnel actions).

c. The following definitions apply for purposes of this provision:

"Commercial sex act" means any sex act on account of which anything of value is given to or received by any person.

"Prostitution" means procuring or providing any commercial sex act and the "practice of prostitution" has the same meaning.

"Sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

d. The recipient shall insert this provision, which is a standard provision, in all subawards, procurement contracts or subcontracts.

e. This provision includes express terms and conditions of the award and any violation of it shall be grounds for unilateral termination of the award by USAID prior to the end of its term.

[END OF PROVISION]

3. ***Other Provisions:*** The following provisions are applicable to this RFA and will be incorporated into award made hereunder:

USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)

a. The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. Government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following Web site:
http://pdf.usaid.gov/pdf_docs/PDABQ631.pdf

b. USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women, and children with disabilities.

[END OF PROVISION]

STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)

a. One of the objectives of the USAID Disability Policy is to engage other U.S. Government agencies, host country counterparts, governments, implementing organizations, and other donors in fostering a climate of nondiscrimination against people with disabilities. As part of this policy USAID has established standards for any new or renovation construction project funded by USAID to allow access by people with disabilities (PWDs). The full text of the policy paper can be found at the following Web site:
pdf.usaid.gov/pdf_docs/PDABQ631.pdf.

b. USAID requires the recipient to comply with standards of accessibility for people with disabilities in all structures, buildings or facilities resulting from new or renovation construction or alterations of an existing structure.

c. The recipient will comply with the host country or regional standards for accessibility in construction when such standards result in at least substantially equivalent accessibility and usability as the standard provided in the Americans with Disabilities Act (ADA) of 1990 and the Architectural Barriers Act (ABA) Accessibility Guidelines of July 2004. Where there are no host country or regional standards for universal access or where the host country or

regional standards fail to meet the ADA/ABA threshold, the standard prescribed in the ADA and the ABA will be used.

d. New Construction. All new construction will comply with the above standards for accessibility.

e. Alterations. Changes to an existing structure that affect, the usability of the structure will comply with the above standards for accessibility unless the recipient obtains the Agreement Officer's advance approval that compliance is technically infeasible or constitutes an undue burden or both. Compliance is technically infeasible where structural conditions would require removing or altering a load-bearing member that is an essential part of the structural frame or because other existing physical or site constraints prohibit modification or addition of elements, spaces, or features that are in full and strict compliance with the minimum requirements of the standard. Compliance is an undue burden where it entails either a significant difficulty or expense or both.

f. Exceptions. The following construction related activities are excepted from the requirements of paragraphs a. through d. above:

(1) Normal maintenance, reroofing, painting or wall papering, or changes to mechanical or electrical systems are not alterations and the above standards do not apply unless they affect the accessibility of the building or facility; and

(2) Emergency construction (which may entail the provision of plastic sheeting or tents, minor repair and upgrading of existing structures, rebuilding of part of existing structures, or provision of temporary structures) intended to be temporary in nature. A portion of emergency construction assistance may be provided to people with disabilities as part of the process of identifying disaster- and crisis-affected people as "most vulnerable."

[END OF PROVISION]

CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER 2010)

a. Requirement for Central Contractor Registration (CCR). Unless you are exempted from this requirement under 2 CFR 25.110, you as the recipient must maintain the currency of your information in the CCR until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently, if required by changes in your information or another award term.

b. Requirement for Data Universal Numbering System (DUNS) numbers. If you are authorized to make subawards under this award, you:

(1) Must notify potential subrecipients that no entity (see definition in paragraph c. of this award term) may receive a subaward from you unless the entity has provided its DUNS number to you.

(2) May not make a subaward to an entity unless the entity has provided its DUNS number to you.

c. Definitions. For purposes of this award term:

(1) Central Contractor Registration (CCR) means the Federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR Internet site (currently at **www.ccr.gov**).

(2) Data Universal Numbering System (DUNS) number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at **http://fedgov.dnb.com/webform**).

(3) Entity, as it is used in this award term, means all of the following, as defined at 2 CFR 25, subpart C:

(i) A governmental organization, which is a State, local government, or Indian tribe;

(ii) A foreign public entity;

(iii) A domestic or foreign nonprofit organization;

(iv) A domestic or foreign for-profit organization; and

(v) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

(4) Subaward:

(i) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

(ii) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations”).

(iii) A subaward may be provided through any legal agreement, including an agreement that you consider a contract.

(5) Subrecipient means an entity that:

(i) Receives a subaward from you under this award; and

(ii) Is accountable to you for the use of the Federal funds provided by the subaward.

ADDENDUM (JUNE 2012):

a. Exceptions. The requirements of this provision to obtain a Data Universal Numbering System (DUNS) number and maintain a current registration in the Central Contractor Registration (CCR) do not apply, at the prime award or subaward level, to:

(1) Awards to individuals

(2) Awards less than $25,000 to foreign recipients to be performed outside the United States (based on a USAID determination)

(3) Awards where the Agreement Officer determines, in writing, that these requirements would cause personal safety concerns.

b. This provision does not need to be included in subawards.

[END OF PROVISION]

REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010)

a. Reporting of first-tier subawards.

(1) Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

(2) Where and when to report.

(i) You must report each obligating action described in paragraph a.(1) of this award term to **www.fsrs.gov**

(ii) For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

(3) What to report. You must report the information about each obligating action that the submission instructions posted at **www.fsrs.gov** specify.

b. Reporting Total Compensation of Recipient Executives.

(1) Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if –

(i) The total Federal funding authorized to date under this award is $25,000 or more;

(ii) In the preceding fiscal year, you received—

(A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(iii) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at **http://www.sec.gov/answers/execomp.htm**)

(2) Where and when to report. You must report executive total compensation described in paragraph b.(1) of this award term:

(i) As part of your registration profile at **www.bpn.gov/ccr**

(ii) By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

(1) Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you must report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if–

(i) In the subrecipient's preceding fiscal year, the subrecipient received—

(A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

(ii) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at **www.sec.gov/answers/execomp.htm**)

(2) Where and when to report. You must report subrecipient executive total compensation described in paragraph c.(1) of this award term:

(i) To the recipient.

(ii) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (for example, between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions.
If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:

(1) Subawards, and

(2) The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions.
For purposes of this award term:

(1) Entity means all of the following, as defined in 2 CFR 25:

(i) A governmental organization, which is a State, local government, or Indian tribe;

(ii) A foreign public entity;

(iii) A domestic or foreign nonprofit organization;

(iv) A domestic or foreign for-profit organization; and

(v) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

(2) Executive means officers, managing partners, or any other employees in management positions.

(1) Subaward:

(i) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

(ii) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. __.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non- Profit Organizations").

(iii) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

(4) Subrecipient means an entity that:

(i) Receives a subaward from you (the recipient) under this award; and

(ii) Is accountable to you for the use of the Federal funds provided by the subaward.

(5) Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

(i) Salary and bonus.

(ii) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

(iii) Earnings for services under nonequity incentive plans. This does not include group life, health, hospitalization, or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

(iv) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

(v) Above-market earnings on deferred compensation which is not tax-qualified.

(vi) Other compensation, if the aggregate value of all such other compensation (for example, severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

[END OF PROVISION]

4. ***Branding and Marking:*** The following provisions are applicable to this RFA and will be incorporated into award made hereunder:

MARKING AND PUBLIC COMMUNICATIONS UNDER USAID-FUNDED ASSISTANCE (AUGUST 2013)

a. The USAID Identity is the official marking for USAID, comprised of the USAID logo and brandmark with the tagline "from the American people." The USAID Identity is on the USAID Web site at **http://www.usaid.gov/branding** Recipients must use the USAID Identity, of a size and prominence equivalent to or greater than any other identity or logo displayed, to mark the following:

(1) Programs, projects, activities, public communications, and commodities partially or fully funded by USAID;

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

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

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

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

b. The recipient must implement the requirements of this provision following the approved Marking Plan in the award.

c. The AO may require a preproduction review of program materials and "public communications" (documents and messages intended for external distribution, including but not limited to correspondence; publications; studies; reports; audio visual productions; applications; forms; press; and promotional materials) used in connection with USAID-funded programs, projects or activities, for compliance with an approved Marking Plan.

d. The recipient is encouraged to give public notice of the receipt of this award and announce progress and accomplishments. The recipient must provide copies of notices or announcements to the Agreement Officer's Representative (AOR) and to USAID's Office of Legislative and Public Affairs in advance of release, as practicable. Press releases or other public notices must include a statement substantially as follows:

"The U.S. Agency for International Development administers the U.S. foreign assistance program providing economic and humanitarian assistance in more than 80 countries worldwide."

e. Any "public communication" in which the content has not been approved by USAID must contain the following disclaimer:

"This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient name] and do not necessarily reflect the views of USAID or the United States Government."

f. The recipient must provide the USAID AOR with two copies of all program and communications materials produced under this award.

g. The recipient may request an exception from USAID marking requirements when USAID marking requirements would:

(1) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;

(2) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;

(3) Undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications;

(4) Impair the functionality of an item;

(5) Incur substantial costs or be impractical;

(6) Offend local cultural or social norms, or be considered inappropriate; or

(7) Conflict with international law.

h. The recipient may submit a waiver request of the marking requirements of this provision or the Marking Plan, through the AOR, when USAID-required marking would pose compelling political, safety, or security concerns, or have an adverse impact in the cooperating country.

(1) Approved waivers "flow down" to subagreements, including subawards and contracts, unless specified otherwise. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant.

(2) USAID determinations regarding waiver requests are subject to appeal by the recipient, by submitting a written request to reconsider the determination to the cognizant Assistant Administrator.

i. The recipient must include the following marking provision in any subagreements entered into under this award:

"As a condition of receipt of this subaward, marking with the USAID Identity of a size and prominence equivalent to or greater than the recipient's, subrecipient's, other donor's, or third party's is required. In the event the recipient chooses not to require marking with its own identity or logo by the subrecipient, USAID may, at its discretion, require marking by the subrecipient with the USAID Identity."

[END OF PROVISION]

5. Applicable Regulations & References:

Mandatory Standard Provisions for U.S. Nongovernmental Recipients:
http://inside.usaid.gov/ADS/300/303maa.pdf

Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients:
http://inside.usaid.gov/ADS/300/303mab.pdf

Standard Provisions for Public International Organizations:
http://www.usaid.gov/sites/default/files/documents/1868/308.pdf

Certifications, Assurances, and Other Statements of the Recipient
http://inside.usaid.gov/ADS/300/303mav.pdf

22 CFR 226 - Administration of Assistance Awards to U.S. Non-Governmental Organizations
http://www.gpo.gov/fdsys/pkg/CFR-2012-title22-vol1/pdf/CFR-2012-title22-vol1-part226.pdf

ADS 303 – Grants and Cooperative Agreements to Non-Governmental Organizations
http://www.usaid.gov/sites/default/files/documents/1868/303.pdf

OMB Circular A-21 - Cost Principles for Educational Institutions
http://www.whitehouse.gov/omb/circulars_a021_2004/

OMB Circular A-110 - Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations
http://www.whitehouse.gov/omb/circulars_a110

OMB Circular A-122 - Cost Principles for Non-Profit Organizations
http://www.whitehouse.gov/sites/default/files/omb/assets/omb/circulars/a122/a122_2004.pdf

OMB Circular A-133 - Audits of States, Local Governments and Non-Profit Organizations:
http://www.whitehouse.gov/omb/circulars/index.html

48 CFR 31.2 - Contracts with Commercial Organizations
http://www.gpo.gov/fdsys/pkg/CFR-2011-title48-vol1/pdf/CFR-2011-title48-vol1-part31-subpart31-2.pdf

22 CFR 228: Rules for Procurement of Commodities and Services Financed by USAID
http://www.gpo.gov/fdsys/pkg/CFR-2012-title22-vol1/pdf/CFR-2012-title22-vol1-part228.pdf

SF-424 Downloads
http://www.grants.gov/web/grants/forms/sf-424-family.html;jsessionid=QvQhT5HbBKbbkQQJL0YYL6yh0gRmPLbkHplzp3G10JKlYB7ynhmP#sortby=1

[END OF SECTION VIII]

ATTACHMENT A

ABBREVIATIONS AND ACRONYMS

ABA	Architectural Barriers Act
ADA	Americans with Disabilities Act
ADS	Automated Directives System
AIDS	acquired immune deficiency syndrome
AOR	Agreement Officer's Representative
APS	Annual Program Statement
ARV	antiretroviral drugs
BEO	Bureau Environmental Officer
CCR	Central Contractor Registration
CDCS	Country Development Coordination Strategy
CFR	Code of Federal Regulations
CHW	community health worker
CSO	civil society organization
CSS	community systems strengthening
DEC	Development Experience Clearinghouse
DHHS	Department of Health and Human Services
DSW	Department of Social Welfare
DUNS	Data Universal Numbering System
EA	Environmental Assessment
FAR	Federal Acquisition Regulation
FAS	Financial Accounting Standards
FFF	Federal Financial Form
GHI	Global Health Initiative
GOT	Government of Tanzania
HBCV	Home based care volunteer
HIV	Human immunodeficiency virus
HRH	human resources for health
IEE	Initial Environmental Examination
IR	Intermediate Result
LGA	local government authority
LOC	letter of credit
M&E	monitoring and evaluation
MOHSW	Ministry of Health and Social Welfare
MOP	Malaria Operational Plan
NACP	National AIDS Control Program
NCPA	National Costed Plan of Action
NGO	non-governmental organization
NICRA	Negotiated Indirect Cost Rate Agreement
NMSF III	National Multi-Sectoral Strategic Framework on HIV/AIDS
OMB	Office of Management and Budget
OP	Operational Plan
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive Health, Dignity and Prevention

PIO	Public International Organizations
PLHIV	People living with HIV
PSSN	Productive Social Safety Net
PVO	private voluntary organizations
PWDs	people with disabilities
RCE	Request for Categorical Exclusion
RFA	Request for Applications
SAM	System for Award Management
SF	Standard From
TACAIDS	Tanzania AIDS Commission
TASAF	Tanzania Social Action Fund
TIN	Tax Identification Number
URT	United Republic of Tanzania
USAID	United States Agency for International Development
U.S.C	US Code
USG	United States Government
ZAC	Zanzibar AIDS Commission
www	World Wide Web

ATTACHMENT B

INITIAL ENVIRONMENTAL EXAMINATION AND CATEGORICAL EXCLUSION

Strategic Objective 10: "Enhanced Multisectoral Response to HIV/AIDS"

(separate file)

ATTACHMENT C

THE MINIMUM REQUIREMENTS FOR KEY PERSONNEL UNDER THIS RFA:

USAID has determined that key personnel positions under this award should have the following qualifications and experience:

a) Program Director or Chief of Party

This position provides overall leadership and management to the program. His or her primary responsibility is to ensure that the program produces the results specified in the annual work plans, to the required standard of quality and within the specified constraints of time and cost. The position acts as the main point of contact with USAID and the key liaison between USAID and other stakeholders that are involved in program implementation. The Program Director also ensures the program is represented in national technical, policy and planning forums with USAID, Government of Tanzania (GOT) and other key stakeholders. The proposed Program Director or Chief of Party must meet the following criteria:

- Have at least 10 years of progressive experience managing public health or development programs in sub-Saharan Africa or other resource-limited settings, including demonstrated financial and human resource management experience;

- Have demonstrated experience interacting with high-level stakeholders and host country government officials;
- ILR Level 4 – Full professional proficiency in spoken and written English
- Hold at least a Master's degree in business or public administration, social work, public health, or other related field;

b) Technical Director or Deputy Chief of Party

The proposed candidate has the primary responsibility of continually improving the implementation quality of activity interventions. He or she ensures that the program adheres to national and internationally accepted technical norms and standards and that best practices and approaches are well-documented and highlighted throughout the program implementation period. The position also leads and oversees program monitoring, evaluation and learning. The proposed Technical Director or Deputy Chief of Party must meet the following criteria:

- Have at least 10 years' experience designing and implementing community health and health systems strengthening programs in sub-Saharan Africa or other resource-limited settings
- Demonstrated experience implementing and managing program monitoring, evaluation and research activities for complex programs in resource-constrained countries;
- Hold at least a Master's degree in Public Health, Social Work, International Development or related degree;
- Demonstrated experience producing quality English-language communication products such as progress reports, case studies, and research protocols
- ILR Level 4 – Full professional proficiency in spoken and written English

c) Director of Monitoring and Evaluation

The proposed candidate must have master's degree in the M&E, Informatics, Demography or any advanced degree in a related discipline, and at least seven years of experience in designing and implementing monitoring and evaluation of formal and informal health and social supporting systems; community and national supporting program activities and special studies for complex programs in developing countries. S/he should have demonstrated skills in English at level IV or the equivalent. S/he must have demonstrated experience in the design and implementation of rigorous qualitative and quantitative research and evaluation studies to IRB standard. S/he must have a firm command of the M&E issues with respect to capacity building activities. The proposed candidate must have demonstrable analytical skills to measure the outcomes of the activity interventions and support activity supervision. S/he must have strong writing and organizational skills for monitoring and reporting on activity and study results. Experience of managing the monitoring and evaluations of USAID or PEPFAR funded programs work experience is a plus.

d) Director of Finance and Administration

The proposed candidate will be responsible for management of all accounting, sub-grants and ensure financial operations are in compliance with USAID regulations. S/he will be responsible to ensure that adequate financial management systems are in place and functioning. S/he will maintain transparent financial and reporting procedures and effective operation of financial controls. S/he will be responsible for record-keeping, financial

functions and internal control systems. She/he will provide concise and timely financial reports that will give an overview of the financial status of the award. Should have demonstrated experience in managing and supervising a team. S/he should have a master of finance degree and CPA or a relevant accounting degree from a recognized University or equivalent. S/he should have outstanding interpersonal skills and eager to work in a multicultural organization S/he should have at least a minimum of 10 years' working experience. USAID or PEPFAR program financial management work experience is a plus.

Note: These minimum requirements for key personnel under this RFA will be included in the award.

ADDITIONAL RESOURCES

ATTACHMENT D

Capacity Assessment of the Department of Social Welfare to Fulfill and Deliver Mandate. Final Report (October 2009)
(Prepared by Ernst & Young – Tanzania Office)

(separate file)

ATTACHMENT E

Assessment of the Social Welfare Workforce in Tanzania: Final Report (June 2012)
(Prepared by Department of Social Welfare, Ministry of Health and Social Welfare)

(separate file)

ATTACHMENT F

Program to Develop and Mainstream a Cadre of Para-Social Workers
Tanzania Human Resource Capacity Project (Progress Report, December 2012)

(separate file)

ATTACHMENT G

Overview of Recommended CSS Indicators

(separate file)

ATTACHMENT H

Building Systems Capacity: Care, Treatment and Support for People Living with HIV and AIDS. Final Project Report: Systems Strengthening Project (August 2012)

(separate file)

[END OF ATTACHMENTS]
- END OF RFA -