Subject: **NOTICE OF FUNDING OPPORTUNITY (NOFO) NUMBER: 72012121RFA00004**

Program Title: **Public Health System Recovery and Resilience Activity**

Issuance Date:	September 17, 2021
Deadline for Questions:	October 1, 2021, by 16:00 Kyiv Local Time
Full Application Closing:	November 2, 2021, by 16:00 Kyiv Local Time

The United States Agency for International Development (USAID), through the Regional Contracting Office in Kyiv, Ukraine is seeking applications from qualified U.S. or Non-U.S. non-profit or for-profit Non-Governmental Organizations (NGOs), and other qualified non-USG organizations for funding of an activity entitled "Public Health System Recovery and Resilience Activity."

Eligible organizations interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of project sought (Section I), the application submission requirements (Sections III and IV), and the evaluation process and review criteria (Section V). To be eligible for award, the applicant must provide all information required in this NOFO, and meet eligibility standards in Section III. Applications must be received by the date and time indicated at the top of this cover letter.

This funding opportunity is posted on www.grants.gov and may be amended. Any future amendments to this NOFO can be downloaded from www.grants.gov. Potential applicants should regularly check the website to ensure they have the latest information pertaining to this NOFO. Applicants will need to have available or download Adobe program to their computers in order to view and save the Adobe forms properly. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via mail at support@grants.gov for technical assistance.

Any questions concerning this NOFO should be submitted in writing to Ms. Larissa Lomonosova, Acquisition & Assistance Specialist, via email at llomonosova@usaid.gov with a copy to me at bwoody@usaid.gov by the deadline stated above. Responses to the questions will be made available to all applicants through an amendment to this NOFO and posted on www.grants.gov.

Issuance of this NOFO does not constitute any commitment on the part of the U.S. Government nor does it commit the U.S. Government to pay for costs incurred in the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. Final award cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. All preparation and submission costs are at the applicant's expense. Thank you for your interest in USAID programs.

Sincerely,

/s/

Brian K. Woody
Regional Agreement Officer

TABLE OF CONTENTS

ANNEXES:

SECTION I – PROGRAM DESCRIPTION

Program Title: **Public Health System Recovery and Resilience Activity (PHS R&R)**

Introduction

The primary **goal** of Public Health System Recovery and Resilience Activity is to strengthen the Government of Ukraine's capacity to prevent, detect and respond to public health threats, sustain critical public health services during a crisis, and protect the health of all Ukrainians including vulnerable and marginalized population groups. In addition, with anticipated resources from USAID's Victims of Torture Fund, this activity will include a specific focus on expanding access to mental health services among veterans and conflict-affected populations, while building state capacity to sustain and extend such services to groups experiencing increased mental health needs related to the COVID pandemic. USAID/Ukraine plans to provide up to $45 million, subject to the availability of funds, over a five-year period to support this activity.

1. Background

Millions of people in Ukraine have experienced misery and suffering because of COVID-19 pandemic, which overwhelmed health, education, and economic systems, and has threatened to reverse a range of human development gains the country has experienced since gaining independence in 1991. Aside from the direct health impacts of COVID, the pandemic had negative impacts on the broader health system, and exposed gaps in the resilience of essential health services during a crisis. Disruptions in the provision of essential clinical and public health services particularly impacted vulnerable groups such as the elderly, women, conflict-affected populations, and people with other health vulnerabilities such as TB and HIV. The pandemic exacerbated existing vulnerabilities, and exposed new ones among groups such as healthcare workers, home caregivers, and patients who were unable to access healthcare for other health conditions. A 2020 UN "Assessment of the Socio-Economic Impact of COVID-19 in Ukraine"[1] noted that, "forced to reconsider almost every aspect of our lives, we are experiencing the first impacts of the pandemic as the consequences of our response measures will be far reaching for years to come". The study also highlighted that "the crisis exacerbated pre-existing mistrust in the health system, which is linked to the hardships people have experienced due to the health system's dysfunctions".

The pandemic highlighted and reinforced key pre-existing weaknesses in state capacity in Ukraine to address public health threats while sustaining vital clinical and public health services during a crisis. Coverage of routine vaccination has been historically low in Ukraine, and COVID disrupted recent gains by leading to the closure of vaccination points, reducing the availability of healthcare workers to deliver vaccines, and reducing demand for services while fueling misinformation about vaccines among the population. In mid-2020 during periods of lockdown, the country experienced temporary but dramatic declines in immunization coverage rates, elevating the risk of outbreaks of vaccine-preventable diseases. The WHO reported that in April-May 2020 the vaccination rate for measles, mumps, and rubella (MMR) decreased by 20% in selected oblasts of Ukraine as compared with the same period in 2019. UNICEF also reported that vaccination practice among caregivers decreased by 11% as demonstrated by a Knowledge, Attitudes and Practices (KAP) survey conducted in October 2020. Such disruptions are concerning with regard to the risk of vaccine-preventable disease outbreaks, especially in light of historically low vaccination coverage in Ukraine that has led to several outbreaks of vaccine-preventable diseases in recent

[1] Assessment of the Socio-Economic impact of COVID-19 in Ukraine, United Nations in Ukraine, 2020, p.11-12

years (polio in 2016-2016 and measles in 2017-2018). Weaknesses in national immunization systems are also posing barriers for the rapid rollout of COVID-19 vaccination. Similarly dramatic declines in TB case detection have been observed in Ukraine in the wake of the COVID pandemic, arising from disruptions to laboratory services as well as case finding efforts, redirection of human resources who were redirected to respond to COVID, and reduced care-seeking behaviors among the population.

Ukraine's public health system has undergone a series of reforms in recent years to strengthen public health functions and governance structures, but the COVID-19 pandemic revealed ongoing weaknesses in that system's ability to protect against threats and undertake effective health promotion and protection activities. The Center for Public Health, created in 2015, lacks the necessary capabilities to fully oversee public health functions, and key areas – such as disease surveillance and epidemiology, laboratory diagnostics, and health promotion - at the regional and local level are often fragmented across different operating units and authorities. Capacity at the regional level and below is particularly limited, inhibiting the quality of essential services such as routine immunization as well as disease surveillance and response. Some functions, such as mental health, are shared across multiple ministries, inhibiting sustainability and adequate resourcing of a domain of services that can become particularly acute during a crisis.

Health promotion and preventive services are a particularly vital function of the public health system whose weaknesses were highlighted by COVID-19. Poor health practices and care seeking, combined with other demand side barriers and a lack of public trust in the system, created pre-existing vulnerabilities to a public health crisis in Ukraine. During COVID, the GoU experienced challenges rapidly coordinating and deploying risk communications and health promotion messages to mitigate the spread of COVID, as well as the impact on coverage of other essential services. People of all ages, especially in vulnerable groups experiencing comorbidities and risk factors for COVID, experienced reduced access to vital healthcare services as well as routine screening and prevention for other health conditions. The long-term implications for morbidity and mortality from untreated illnesses, as well as mental health challenges, are significant.

The COVID-19 pandemic also exacerbated already-significant mental health service gaps in Ukraine - where intentional self-harm has remained one of the top causes of mortality in Ukraine since 2006[2] - while increasing the level of trauma and psychological distress experienced by key populations and marginalized groups. USAID has supported mental health counseling services for veterans and populations affected by the conflict in Eastern Ukraine through the "Enhancing Torture Survivor Mental Health Services" activity (2015- 2021), which piloted and scaled up the Common Elements Treatment Approach (CETA) mental health counseling model in target oblasts. The combined effects of the ongoing conflict and COVID-19, and the limited public sector support for such services, highlight an ongoing need to further scale and institutionalize services such as CETA for conflict-affected groups. Medicos del Mundo recently reported that 70% of the population living in Donetsk and Luhansk oblasts are in need of psychosocial support services, especially the 40% of population residing in isolated settlements.

Beyond conflict-affected groups, there are growing signs of increased need for mental health counseling and referral services among groups highly impacted by COVID, such as health care workers and victims of domestic violence – an opportunity to build on models developed for conflict-affected groups in response. A WHO Policy Brief issued in May 2020 highlighted the potential for widespread psychological distress,

[2] Health Financing in Ukraine: A Public Expenditure Review. World Bank (forthcoming, 2021).

both due to the immediate health impacts of COVID-19 as well as physical isolation, and predicted that "a long-term upsurge in the number and severity of mental health problems is likely."[3]

Amidst these challenges, lessons learned from COVID are already driving a renewed effort to advance public health reforms in Ukraine. As of mid-2021, the Ukrainian Parliament (Verkhovna Rada) in close consultation with the Ministry of Health (MOH) and the Center of Public Health (CPH), are developing a new Public Health Law "On the System of Public Health" intended to address longstanding weaknesses in Ukraine's public health system. Key issues include elaborating the overall vision for a modern public health system, and developing the organizational and governance models needed to ensure an effective and timely response to potential outbreaks of infectious diseases, as well as to oversee disease prevention, protection, and health promotion. Some key changes are already underway. For instance, the MOH is introducing a system of regional Centers for Disease Control and Prevention (CDCs) intended to consolidate functions that are often fragmented at the local level, through restructuring of existing regional laboratories and regional public health centers. A key aim is to strengthen communicable disease prevention, detection, and response at the oblast level and below.

Health Minister Viktor Liashko outlined in June 2021 the Ministry's major public health system priorities for 2021 to include:

- Approval of the Public Health System Law and relative normative acts.
- Optimization of the MOH laboratory centers' network and consolidation of its analytical resources with scientific institutions.
- Adoption of the Procedure of Emergency Events Response in accordance with the international medical and sanitary rules.
- Organization of all-national information and education campaigns on immunoprophylaxis.
- Improvement of training programs on immunoprophylaxis at educational establishments.
- Review and harmonization of immunoprophylaxis legislation with international standards.
- Reaching high coverage of the adult population and high-risk groups with COVID-19 vaccination.
- Recovery of the health care services to meet the needs of the population.
- Strengthening of Infection Prevention & Control (IPC) at health facilities.

The renewed momentum behind these reforms, and the imperative of building a more resilient public health system in the wake of the COVID crisis, create the opportunity for USAID investment in state public health capacities in accordance with the best international practices and in cooperation with other donors.

2. Problems to be addressed

USAID's PHS R&R activity will focus on strengthening the Government of Ukraine's capacity to address the most acute impacts of COVID-19 on the public health system, including mitigating secondary impacts on critical non-COVID health services, and strengthening the resilience of the public health system to better prepare for and respond to communicable disease threats while protecting access to both clinical and promotive health system functions and services. COVID-19 has illuminated the vital role of the government to invest in and strengthen public health systems to be responsive to public health threats and to quickly adapt when they occur. When public health systems are overwhelmed, it threatens the ability of the country to govern effectively and to protect the population from health and economic impacts.

[3] Policy Brief: Policy Brief: COVID-19 and the Need for Action on Mental Health. United Nations (May, 2020). https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf

Specifically, PHS R&R will help to strengthen Ukraine's public health system and address key issues that worsened the impact of COVID-19 on both clinical and public health functions, including the following:

- Limited capacity for managing and overseeing COVID-19 vaccine roll-out to vulnerable and marginalized groups such as elderly, healthcare workers, people with comorbidities, HIV and TB patients, marginalized groups, etc.;
- Weak national and subnational capacity to coordinate and manage COVID response and to mitigate second order impacts on other essential health services provided to population, particularly at the primary health care level;
- Weak capacity and mandate of the current regional public health (PH) entities to prepare for, quickly detect, and respond to infectious disease outbreaks;
- Weak capacity at the regional level and below for promoting and delivering immunization services and disruptions to routine immunization coverage arising from the COVID-19 pandemic;
- Poor prevention and health promotion capacity within the health system to improve health practices of communities, especially in the context of a public health crisis, and address barriers to care for the most vulnerable and marginalized population groups;
- Lack of overall public trust in health services; and,
- Inadequate mental health counseling services for veterans and conflict-affected groups, as well as groups at risk of increased stress-related disorder because of the COVID pandemic – including health providers, victims of gender-based violence, and other vulnerable and marginalized population groups.

3. Program Approach

This activity's *underlying hypothesis* is that *IF* Ukraine reduces the impact of COVID-19 to a low level through appropriate response measures, there will be fewer hospitalizations and deaths from COVID and related declines in other lifesaving services, and the health system will be able to improve the delivery of PH services, center them on patients and implement innovations to improve the quality of these services. In addition, *IF* Ukraine increases investment in the PH system, and strengthens system organization and governance including through private sector and civil society engagement, then the national and subnational capacity for prevention, detection, preparedness and response to epidemic disease outbreaks will improve, leading to better resilience of immunization and mental health counseling services that will more sustainably reach vulnerable population groups. Finally, *IF* Ukraine strengthens health promotion and prevention functions including risk communications, the GoU will be able to build the capacity of communities to protect themselves from disease, leading to improved health practices and health seeking behavior, and greater trust in health services. As a result, Ukraine's public health system will be more resilient against COVID and future health threats.

This activity will operate in a highly dynamic, unpredictable environment that will require flexibility in both program planning and implementation. Challenges and uncertainties include continued outbreaks of COVID-19 and complications due to new variants of the virus; lack of mobility and/or displacement of populations due to the ongoing conflict in Eastern Ukraine; uncertain state budget financing of health services; rapidly changing priorities of the MOH related to the need to take unprecedented measures in responding to the COVID-19 pandemic, and the ongoing health care reform including public health system reform. While targeting and tailoring interventions to achieve the objectives is critically important, the

activity should nevertheless be flexible enough to adapt to changing circumstances and varying priorities. Comprehensive *contingency planning and flexibility* to adjust annual work plans will help ensure this ability to respond as needed and in a timely fashion.

The activity will be implemented at both national and sub-national (oblast, rayon, and municipality) levels, with an anticipated greater focus at the subnational level. While some interventions will have impact on public health policy, technical guidelines and providers' capacity nationally in concert with other donors and partners, the expected results focus primarily on the oblast/regional level and below, especially towards populations most vulnerable to public health threats including marginalized groups. For this activity the population most vulnerable to public health threats will include the population groups who suffered the greatest increases in vulnerability, morbidity and mortality in the context of COVID-19 pandemic (e.g. - healthcare workers, people with underlying health conditions, the elderly, veterans and conflict-affected populations, sexual minorities, youth and victims of domestic violence).

The implementing partner will collaborate with USAID, the Ministry of Health (MOH) and the Center for Public Health (CPH) to define *geographic focus areas for this* activity, in line with COVID-19 surges and other emerging public health threats, while devising approaches to maintain flexibility to respond to evolving priorities and needs related to the local implementation of public health system reforms, and availability of funds from USAID. While some interventions may focus on the national level, others may by necessity focus more effort on regions most in need (e.g., those with the lowest routine immunization coverage rates and those that have been hit the hardest by COVID-19 pandemic) as well as to those regions demonstrating willingness to partner in support of public health system reforms.

To strengthen the national and subnational capacity in the areas of public health including such critical functions as emergency preparedness, mental health, immunization, health promotion, risk communication, and surveillance, the activity will facilitate engagement with a diverse array of partners in regions such as public, private, and civil society organizations (CSOs) including new and emerging local non-governmental organizations and universities. As an integral component of strengthening the national and regional capacity in critical public health system functions, the activity is expected to strengthen the capacity and engagement of local civil society organizations as an integral part of the public health system.

4. Description of the Goal, Objectives, Activities and Expected Results

The **goal** of Public Health System Recovery and Resilience Activity (PHS R&R) is to support the Government of Ukraine in building a more resilient public health care system that will be better able to prevent, detect and respond to public health threats, sustain critical public health services during a crisis, and protect the health of all Ukrainians including vulnerable and marginalized population groups[4]. It is expected that achievement of the activity goal will result in reductions of hospitalizations due to COVID-19, improved national and regional preparedness and response capacity to address health threats including through improved immunization coverage and health promotion, and expanded access to mental health counseling services for vulnerable groups.[5]

[4] "Vulnerable population groups" include those groups that experienced the greatest vulnerability, morbidity and mortality in conjunction with the COVID 19 pandemic (e.g. people with disabilities, health care workers, victims of domestic and gender- based violence, elderly people, sexual minorities, youth, people living in eastern Ukraine, veterans and conflict-affected groups.)

[5] This project will be mostly focused on the improvement of the provision of non-medicalized mental health services for trauma-affected population groups at the community level. With USAID Victims of Torture earmark funds, the focus will be on veterans and conflict-affected populations.

The PHS R&R activity will have the following **4 objectives** with the following illustrative level of effort for each (actual level of effort may vary depending on need and availability of funds)**:**

Objective 1: Mitigate COVID19 outbreaks and secondary impacts on essential health services (approximately 18%);
Objective 2: Increase the resilience and capacity of the public health services at the regional level and below (approximately 40%);
Objective 3: Strengthen community resilience against potential public health threats (approximately 30%);
Objective 4: Increase the access and sustainability of mental health services for conflict-affected populations (approximately 12%).

The expected results under **Objective 1: Mitigate COVID19 outbreaks and secondary impacts on essential health services** will play a vital role in helping Ukraine get COVID-19 under control, including through support for COVID-19 vaccination and COVID response, and restoring and improving essential public health services that have been acutely impacted by the disease with a particular emphasis on primary health care services. The interventions under this objective will need to be flexible to support national-level needs where appropriate, as well as focused interventions in geographic areas most in need, such as those that are experiencing surges of new COVID-19 cases and hospitalizations.

Illustrative Activities may include, but are not limited to:

- COVID19 vaccine is promoted including outreach to vulnerable and marginalized population groups;
- Selected health facilities and/or regions implement quality assurance and mitigation measures for COVID 19 response and case management;
- Strategic Behavior Change and Communication activities enable effective risk communication to support disease control and prevention;
- COVID 19 testing and contact tracing systems are established and institutionalized;
- Surveillance systems and functions, in cooperation with regional laboratories, are improved;
- Access to mental health counseling and psycho-social support for health care workers is expanded to address stress-related conditions related to COVID response.

Implementation of activities under Objective 1 may lead to the following *Illustrative Results:*
- COVID19 vaccine coverage is 70% or higher for vulnerable population groups;
- Targeted oblasts ensure 95% of targeted health facilities meet standards for infection prevention and control[6];
- Epidemiological surveillance at the regional level is improved;
- Response to and management of COVID-19 outbreaks at the regional level is improved.

The expected results under **Objective 2: Increase the resilience and capacity of critical public health functions at the regional level** will support reform and strengthening of the public health system through national-level interventions, and efforts in targeted oblasts (regions), focusing on key public health capacities and services. This is expected to include a particular focus on services related to immunizations, mental health, and preparedness and response to public health threats - including strengthening surveillance, contact tracing and outbreak investigation, emergency preparedness and risk communication.

[6] Current national IPC standards are located here: https://zakon.rada.gov.ua/laws/show/z1110-20#Text

Other disease priorities and public health threats may be addressed under this objective, subject to USAID concurrence and availability of funds. Geographic focus will be determined in cooperation with the Ministry of Health and USAID during work planning.

Along with working in targeted oblasts, the PHS R&R activity may also support capacity-building of national institutions to improve the governance and implementation of critical public health functions across oblasts, helping to operationalize and further develop new public health legal frameworks and in accordance with the MOH and CPH priorities and international practice.

The PHS R&R activity will develop tools and approaches for strengthening public health services in selected regions to inform the subsequent national roll-out of new systems and functions in the context of public health system reforms. Activities will need to be responsive to changes in the new Public Health Law (currently pending approval by the parliament), and other changes in the governance and financing of the public health system.

Illustrative Activities may include, but are not limited to:

- Build national and regional capacity to oversee infectious diseases surveillance, preparedness, and response to outbreaks;
- Strengthen governance frameworks related to public health system functioning, including linkages between public health, oblast health departments and providers;
- Strengthen immunization services and increase coverage at the regional level and below;
- Increase access to mental health (MH) counseling services for vulnerable and marginalized population groups, who experienced increased isolation and trauma in the context of COVID-19;
- Collaborate with the Center for Public Health and social science institutions to conduct applied research and assessments in the public health sector to inform future planning and prioritization by national and regional public health system managers;
- Strengthen public health workforce capacities to enable health systems reform and improved execution of public health functions.

Implementation of activities under Objective 2 may lead to the following *Illustrative Results:*

- Improved national and regional capacity to sustain the critical public health functions in collaboration with MOH;
- Improved regional capacity to manage and provide immunization services, as evident through improved immunization coverage;
- Improved sustainable access to mental health counseling services for priority populations;
- Greater availability of resilient tools for screening and counselling for infectious diseases and key risk factors/comorbidities – including remote screening tools - at the primary health care level;
- A minimum of 5 new regional public health entities are fully operational;
- Decisions related to the prevention and control of outbreaks are data and evidence based.

The expected results under **Objective 3: Develop community resilience against potential public health threats** will be complementary to Objective 2 by strengthening national and subnational government capacity to respond to public health threats through prevention, risk communication, and community health promotion. Activities will provide an opportunity for greater partnership and collaboration between the MOH, other ministries, local authorities and civil society organizations (CSOs) at all levels to take an

active part in institutional changes and the development of public health services that are more responsive to the community's needs. They will ultimately increase the general population's trust towards the public health system, health services and health providers.

COVID-19 also exposed and reinforced key gaps in care-seeking, such as TB and non-communicable disease screening and demand for mental health services, and hesitancy of parents to vaccinate children. Under this objective, new tools, and approaches on how to develop greater community resilience to public health threats will be developed and rolled out in the context of the national public health system reforms.

Illustrative Activities may include, but are not limited to:

- Strengthen public systems nationally and subnationally for conducting social and behavior change interventions, including risk communication for outbreak response as well as prevention and health promotion;
- Develop strategies and mitigate barriers to health screening, care, and treatment at the PHC level among vulnerable population groups;
- Promote improvement of the trust between communities and health providers;
- Increase role of communities in infectious diseases detection and care-seeking;
- Strengthen engagement of civil society organizations in cooperating with the public health system to promote more responsive public health services, healthy lifestyles and cooperation with local governments in prevention of public health threats and risk communication;
- Promote public-private partnerships with CSOs, educational institutions, and private sector within the public health system.

Implementation of activities under Objective 3 may lead to the following *Illustrative Results:*

- Improved communities' health knowledge, attitudes, and practices to support resilience to infectious disease threats;
- Improved national and subnational capacity for risk communication;
- Strengthened collaboration between communities and local authorities to detect and screen infectious diseases and priority health conditions;
- Increased public trust in health services and PHC doctors supporting improved utilization of services;
- Improved engagement and capacity of CSOs to represent their community's health needs.

The expected results under **Objective 4**: **Increase the access and sustainability of mental health services for conflict-affected populations** will focus on the mental health needs of conflict-affected populations. Activities under this objective will build on evidence-based models - such as the Common Elements Treatment Approach introduced with USAID support - and will support the continued scale up of mental health counseling services in Eastern Ukraine and potentially other areas where conflict-affected populations and veterans reside. This Objective will also enhance the delivery of these services through support for training of counselors, and improved linkages between health and other GoU institutions involved in provision of social and mental health services (such as the Ministry of Veterans Affairs, Ministry of Social Policy, Ministry of Temporary Occupied Territories, etc.). Additionally, activities under this Objective will consider integration of new models and approaches to address mental health disorders and provide psychosocial support to conflict-affected populations due to COVID-19.

Implementation of activities under Objective 4 will be implemented with, and subject to the availability of, funds from USAID's Victims of Torture program.

Illustrative Activities may include, but are not limited to:

- Expand access to needed mental health care services for veterans and other people affected by the conflict in eastern Ukraine;
- Scale up and support institutionalization of evidence-based community models of mental health (such as CETA) for conflict-affected populations;
- Strengthen qualification and counselling capacity of the current providers of mental health and psycho-social support;
- Prepare a cohort of providers of mental health services for conflict-affected communities based in eastern Ukraine;
- Strengthen selected pre-service educational programs in mental health.

Implementation of activities under Objective 4 may lead to the following *Illustrative Results:*

- Psycho-social and mental health support needs met for conflict-affected populations including veterans at the community level in selected regions;
- Public institutions such as local governments and/or amalgamated communities provide financial support to community mental health care.

5. Alignment with existing USG strategies and CDCS

The new PHS R&R activity will contribute to the Agency's evolving COVID-19 Strategy, which aims to mitigate the COVID-19 pandemic and to deliver humanitarian, health, and development outcomes to enable a global recovery. Subject to availability of funds, PHS R&R will be a key platform for supporting COVID response programming in Ukraine's health sector.

The PHS R&R activity also responds to the directions of the recent USAID strategy "USAID Vision for Health Systems Strengthening 2030" emphasizing the need to address health system resilience as part of USAID efforts to advance key outcomes of health system strengthening defined as equity, quality, and resource optimization.

In addition, the new PH R&R activity will advance USG objectives of the State-USAID Joint Strategic Plan, specifically, Mission Objective 1.2*: A strong, resilient Ukraine successfully counters Russian aggression and influence* and Mission Objective 1.4: *Health reforms create a more sustainable health system that provides higher quality health care to larger numbers of the population and can achieve health outcomes such as high immunization coverage and control of HIV/AIDS and TB epidemics* .

The new activity will make significant contributions to the CDCS **DO 4** "Inclusive, Sustainable Market-Driven Economic Growth", IR4.2 "Infectious diseases burden reduced" by improving governance and state capacity in the public health system. It will also indirectly contribute to **DO 2** "Impact of Russia's Aggression Mitigated", IR 2.1 "Conditions Improved for Reintegration" by improving access to health services including mental health services for veterans and conflict-affected populations.

6. Linkages with other donors' activities, GOU priorities and other USAID-funded activities

The PHS R&R activity will collaborate with and enhance efforts of other donors and internationally funded projects, particularly by increasing support for public health systems and functions at the national

and subnational level. It is expected to complement and reinforce other donor and partner efforts supporting public health system development at the national level, including the European Union (EU)-funded *Support to Ukraine for Developing a Modern Public Health System* project, and WHO technical assistance to the MOH and CPH on COVID-19 and public health reforms. The U.S Centers for Disease Control (CDC) also supports capacity development of the Center for Public Health in the areas of HIV/AIDS, health security (including COVID response), and immunization, including immunization workforce capacity development.

A number of donors and partners are supporting COVID vaccination efforts, including USAID. The World Bank is supporting a $90-million COVID-19 project primarily supporting COVID-19 vaccination, which includes support to primary health care (PHC) doctors on COVID-19 counselling and screening and support for ongoing COVID-19 communication efforts along with supply and logistics support. Other key partners and donors for COVID immunization include UNICEF, WHO, and the European Investment Bank. The PHS R&R activity will collaborate with and complement other efforts to strengthen longer-term immunization systems at the subnational level while reaching near-term goals around COVID-19 vaccination.

In mental health, WHO is implementing a new, 5-year Mental Health Initiative in 12 countries including Ukraine. The Swiss Development and Cooperation Agency's "Mental Health for All" project supports mental health reform efforts of the MOH, focused on the development of policies, strengthening institutions, and improvement of mental health services for the general population in selected regions of Ukraine according to the existing National Mental Health Action Plan. The PHS R&R activity can complement these other ongoing programs, in particular through an emphasis on local and community-based models for mental health counseling.

The new activity will be implemented in close partnership with the MOH and CPH that develop health strategies and policies and are responsible for their implementation, and in conjunction with the anticipated development and/or implementation of a new national public health law. MOH and CPH are currently implementing the National Strategy on Immuno-Prophylaxis (NSIP) until 2022[7], and plan to develop a new National Immunization Strategy till 2030 in line with the WHO 2030 Immunization Strategy "Immunization Agenda 2030: A Global Strategy to Leave No One Behind." In addition, the Government of Ukraine has developed the National Roadmap for COVID-19 vaccination process featuring 5 stages and relevant population priority groups to be vaccinated in 2021-2022. Finally, the MOH and CPH, with engagement from WHO and partners have developed a COVID-19 Preparedness and Response Plan (CPRP) outlining major strategic country's actions and relevant budget in responding to COVID-19 epidemic, as well as a National Vaccine Deployment Plan (NVDP) for COVID vaccination.

The PHS R&R activity will collaborate with a range of key USAID activities supporting the GOU in implementation of health sector programs, including the Health Reform Support activity that is supporting the GOU to implement the reform agenda concerning health financing, human resources, eHealth and governance. USAID's SafeMed activity is supporting the Ministry of Health to strengthen procurement and supply chains for medicines and vaccines to improve commodity security. USAID TB and PEPFAR activities are working in 12 oblasts in Ukraine to strengthen systems for TB and HIV prevention, detection and treatment.

[7] https://zakon.rada.gov.ua/laws/show/1402-2019-%D1%80#Text

7. Self-Reliance

To support Ukraine in developing sustainable and resilient national systems, PHS R&R will work with a diverse array of partners to build public governance and state capacity over the public health system. This may entail fostering collaboration with the private sector, civil society organizations, amalgamated communities (hromadas), educational and research institutions, universities, and public entities at the national and subnational levels. This could also include engaging with the private sector in partnering to strengthen the public health system – for instance, in introducing remote monitoring or other innovative technologies to strengthen resilience of essential services.

It is expected that this activity will be implemented with active involvement and participation of local civil society organizations (CSOs), building on the work of previous USAID supported projects. These local organizations are expected to play a strong role in facilitating regional partnerships with local governments and amalgamated communities (hromadas) to improve community-based health and promote public-health reform. There are several CSOs working in the immunization and public health sector sectors that may have capacity to contribute to the public health system but have not previously received USAID or significant other donor support. Building the engagement and capacity of these underutilized CSOs in promoting more responsive PH services and healthy lifestyles can help strengthen longer-term systems and capacity in Ukraine.

8. Mandatory Cross-Cutting Considerations

Gender Analysis:

On March 8, 2021, President Biden signed an Executive Order that established the White House Gender Policy Council ensuring that all USG policies rest on a foundation of dignity and equity for women and girls, in all their diversity. This Executive Order calls for a development of the government-wide strategy for advancing gender equity and equality, which will reflect increased access to comprehensive health care, address health disparities, and promote sexual and reproductive health and rights as one of the priorities. USAID sits on the Council and contributes to advancing gender equity and equality. USAID will work with other U.S. Government agencies and stakeholders to develop and implement the Gender Equality and Gender Equity Strategy.

In addition, USAID requires that all activities USAID supports fully address gender considerations, ensuring that both men and women benefit from USAID support and that gender awareness is a built-in component of project activities. The 2017 Gender Analysis Report for USAID/Ukraine summarized major observations and recommendations for main technical areas of USAID support in Ukraine, including healthy behaviors, HIV and TB areas and gendered impacts of military conflict. This report has been made public[8] . The Implementing Partner must review the Report findings and conclusions and use its recommendations in activity implementation as applicable. This additional analysis is an update of the 2017 report.

The Government of Ukraine has also made gender equality one of its high priorities, elevating it to the level of the Vice-Prime-Minister. The position of the Government Commissioner for Gender Policy in Ukraine was established, and a few Ministries including the Ministry of Health have been investing efforts in ensuring equality of rights between women and men. In addition, Ukraine collects data disaggregated by

[8] 2017 Gender Analysis Report for USAID/Ukraine, https://pdf.usaid.gov/pdf_docs/pa00mq3k.pdf

sex, and a List of Indicators for Monitoring Gender Equality was approved by the Government in 2020 providing for 226 indicators. Regardless of these efforts, gender equality remains a serious challenge in a few sectors including the health sector and access to health services. In addition, there is a lack of gender-based planning at the local level, lack of gender-based budgeting, overt sexism in advertising, and from public officials. Ukraine ranks 59th out of 153 countries in the World Economic Forum Global Gender Gap Report 2020.

The newly appointed Minister of Health Victor Liashko outlined the Ministry's major public health system priorities for 2021 that included among other priorities the rapid expansion of COVID-19 vaccination coverage among the adult population including vulnerable population groups, recovery of the health care services to meet the needs of all population groups. To support Ukraine's efforts in these and other public health initiatives, the new activity will make every effort to ensure equality and equity in access to health services for all ultimate beneficiaries of this activity with a focus on the most vulnerable population groups.

Due to the intersection of gender and marginalization among groups of the population who are routinely and structurally excluded from all types of services, the conditions for inadequate health services and social protection coverage are much worse among the most vulnerable women such as those living in the poorest contexts, i.e., rural areas and conflict-affected territories and those representing internally displaced people. Their power in decision-making related to access to healthcare for themselves and their children's vaccination services during the COVID-19 outbreak is further limited by the restrictions on public transportation during the quarantine, their economic difficulties due to the loss of income, lack of awareness of the benefits of vaccination, and a fear to get infected with COVID-19. As a result, these women's general health needs may go largely unmet, and their children might have missed routine vaccination services according to the national immunizations calendar. In addition, mental health of certain groups of women such as victims of domestic violence, female caregivers and female health providers working at COVID-19 hospitals is especially affected due to everyday stress they experience and requires special attention.

Efforts under PHS R&R are expected to help address gender dynamics in access to routine and COVID vaccination by helping to ensure coverage of vulnerable groups, such as elderly, healthcare workers, people with comorbidities, HIV and TB patients, and rural women and children. Additionally, the activity will contribute to improved health care access and utilization for vulnerable population groups through the primary health care level, especially female population groups, including access to mental health services and equal access to routine immunization services for boys and girls.

The activity will pay attention to the health needs of vulnerable men such as those with co-morbidities and disabilities and the elderly to ensure they have access to the required health services disrupted by COVID-19 pandemic.

The PHS R&R activity does not envision a stand-alone gender component. However, it will place considerable focus on the integration of gender considerations ensuring that men and women both benefit from USAID's support and are treated without discrimination; gender equality is an integral part of all project activities; both men and women benefit from USAID support in recovering post-Covid health and public health services, and resources are fairly distributed considering the different needs of women and men. Implementing Partner will acquire local gender expertise in the activity implementation as appropriate and, to the extent possible, will:

- include men and women in all aspects of the activity such as training, webinars, communication activities;

- build awareness among activity stakeholders and beneficiaries that ongoing gender analysis is a vital component of public health system reform;

- engage local Ukrainian expert(s) as advisors on integrating gender equality and female empowerment components in activity implementation;

- design activities to reduce and eliminate, if possible, gender-related barriers in access to healthcare;

- develop gender-sensitive performance indicators for measuring the success of the activity and include them in the Monitoring, Evaluation and Learning (MEL) Plan;

- disaggregate program performance indicators data by sex as appropriate and feasible;

- produce gender-sensitive communication messages about the benefits of healthy lifestyles and health-seeking behavior;

- show in the Implementation Plan how gender issues will be addressed and how results will be determined taking gender into account;

- develop partnerships with civil society organizations formed by women's and gender advocates;

- work with the program counterparts, stakeholders, and beneficiaries to increase equal opportunities for women's decision-making on healthcare, public health reform and immunization practices in Ukraine.

USAID will monitor the implementation of the gender requirements. The Implementing partner should review ADS Chapter 205, Integrating Gender Equality and Female Empowerment in USAID's Program Cycle, for more information about USAID requirements to address gender equality.

Inclusive Development:

The inclusion of Persons with Disabilities (PWD), Internally Displaced Persons (IDPs), veterans, youth, the elderly, minorities, gender, and sexual minorities (such as lesbian, gay, bisexual, transgender, or intersex persons [LGBTI]), and other vulnerable groups remains a challenge for Ukraine's democratic development, governance as well as health reforms. Where legal protections do exist, implementation remains ad hoc or ineffective at protecting the rights of the most vulnerable. Harmful stereotypes, discrimination, stigma, and sometimes violence impact Ukraine's vulnerable and marginalized groups and prevent them from accessing the same services as other Ukrainians. Interventions and approaches must apply USAID policies and visions on Persons with Disabilities, LGBTQI+, and Youth, as well as international best practices on inclusive development, towards achieving the stated project objectives.

Additionally, PHS R&R must demonstrate understanding of and attention to issues affecting the inclusion of persons affected by the conflict in eastern Ukraine. Inclusion of these conflict-impacted groups, particularly in achieving Objective 4, will have both geographic and demographic dimensions, which will be refined and applied by the implementing partner, in consultation with the USAID Agreement Officer's Representative, throughout the life of the program.

USAID will monitor the implementation of inclusive development. For more information about USAID guidelines to incorporate an inclusive development lens, see Additional Help for ADS 201 Suggested Approaches for Integrating Inclusive Development Across the Program Cycle in Mission Operations.

Conflict Sensitivity: USAID requires partners to account for conflict dynamics in all activities, and to demonstrate in their applications how they will do so throughout the implementation of the Activity. Conflict sensitivity refers to the discipline and capacity of an organization to:

- Understand the conflict context in which programs are being implemented;
- Understand how the conflict context might affect programs and how programs might affect the conflict context;
- Act on this understanding to minimize risk of negative impacts on programs (i.e., staff, beneficiaries, communities, results) and the conflict dynamics; and
- Identify options for positively impacting the conflict context.

Do no harm: The project must implement measures to minimize risks of harm, including risks:

- to implementers, participants, beneficiaries or their communities;
- to women and girls;
- of exacerbating conflict or creating new conflicts;
- that resources or skills provided might be misused, create grievances among non-recipients, or cause key actors to react in harmful ways of working at cross-purposes with USAID programs.

Sustainability:

Sustainability is a core part of USAID's development policy and programming, and USAID's global and country-level strategies recognize the critical importance of emphasizing sustainability in development cooperation. For the purpose of this Program, sustainability will be achieved through a focus on building national and regional capacity to prevent, detect and respond to health threats – led by empowered host country counterparts, beneficiary health facilities, public health entities, local governments, civil society and hromadas that take ownership and responsibility for the implementation of public health programs within the national public health system. The PHS R&R activity will ensure that sustainability considerations are built-in to the technical approach and activity implementation.

9. Management

The activity will be managed by an AOR located in the Office of Health with the support from an alternate AOR. The overall activity management will be flexible; to the extent feasible within the scope of the award and the four activity Objectives and annual work plans, in order to be able to quickly adapt to changing needs, priorities of the Ministry of Health (MOH) and the Center for Public Health (CPH), and availability of funds. These priorities might be changing periodically due to weak capacities of the public

health system, uncertainties related to the state budget financing for health, potential new variants of COVID-19 virus, and availability of funds from USAID. The Implementing partner is expected to demonstrate adaptability in responding to the changing MOH priorities and AOR guidance and reflect relevant activity implementation changes in the project's annual work plans.

The level and pace of implementation under this award may vary based on annual availability of funds from USAID, which will be essential to anticipate carefully at the annual implementation plan development stage in consultation with the AOR. Specifically, the level of effort under Objectives 1 and 4 may depend in part on the availability of dedicated USAID funding for COVID and from the USAID Victims of Torture earmark, respectively. USAID anticipates the majority of funding for this award will come from the Assistance to Europe, Eurasia, and Central Asia (AEECA) account (PROGRAM AREA DR.2: Good Governance), and additionally from the Development Assistance (DA) account (Victims of Torture earmark), and from supplemental appropriations for COVID response as applicable. However, USAID may incorporate other funding sources and accounts including the Global Health Programs Account in support of the activity objectives.

LIST OF ANALYTICAL RESOURCES

Links to the following documents are provided to applicants as reference only. None of the information contained in these documents should be viewed as an official endorsement of a particular approach or strategy in responding to this NOFO.

1. Assessment of the Socio-Economic Impact of COVID-19 in Ukraine, United Nations, Ukraine, 2020
   https://ukraine.un.org/sites/default/files/2020-12/UN%20SEIA%20Report%202020%20%281%29.pdf

2. Policy Brief: Policy Brief: COVID-19 and the Need for Action on Mental Health. United Nations (May, 2020) https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf

3. Ukraine National IPC standards and guidelines, https://zakon.rada.gov.ua/laws/show/z1110-20#Text

4. Ukraine National Strategy on Immuno-Prophylaxis (NSIP) until 2022, https://zakon.rada.gov.ua/laws/show/1402-2019-%D1%80#Text

5. Gender Analysis Report for USAID/Ukraine, 2017, https://pdf.usaid.gov/pdf_docs/pa00mq3k.pdf

6. USAID Global Health C-19 Technical Guidance, https://docs.google.com/document/d/1HXmkcKCCAPlrEOhtyf8gHhyj-0Ev68XWAHpotZwa9zk/edit

7. COVID-19 Country Preparedness and Response Plan Ukraine, May, 2021, WHO, MOH (attached)

8. Ukraine's National Vaccine Deployment Plan (NVDP) for COVID-19 vaccines for 2021-2022, revised July 8, 2021 (attached)

[END OF SECTION I]

SECTION II – FEDERAL AWARD INFORMATION

1. Estimated Total Funding Available and Number of Awards Contemplated

Subject to funding availability, USAID anticipates awarding one (1) Cooperative Agreement with a total estimated amount up to $45,000,000 over a 5-year period. The actual funding amount is subject to availability of funds.

Activities under Objective 4 will be specifically subject to availability of funding from USAID's Victims of Torture earmark.

2. Start Date and Period of Performance for Federal Awards

The estimated start date will be on or about March 15, 2022. The anticipated period of performance will be five (5) years from the effective date of the award.

3. Substantial Involvement

Through a Cooperative Agreement, USAID reserves the right of substantial involvement in assistance awards (including monitoring performance, reviewing reports, and/or providing approvals, in order to effectively support the achievement of the expected results, in addition to the standard prior approvals). USAID considers collaboration with the awardee crucial for the successful implementation of this program. Substantial involvement is deemed necessary and therefore is anticipated between USAID and the recipient during the performance of this activity.

Substantial involvement under the proposed award shall include the following:

- Review and approval of the Recipient's Initial Implementation Plan, Annual Implementation Plans (Work Plans), including the Monitoring, Evaluation and Learning (MEL) Plan. Any significant changes to the approved Implementation Plan and the MEL Plan will require additional approval;
- Review and approval of key personnel and any changes thereto; and
- Subawards (contracts and sub-grants): Substantial involvement and approval of all subawards (contracts and sub-grants) including any extensions thereto, in accordance with 2CFR200.308 (c)(6).

Portions of the above substantial involvement may be delegated to the Agreement Officer's Representative (AOR). The AOR will be responsible for oversight and technical guidance of the Recipient, both in writing and verbally. The Recipient will be expected to meet regularly (via phone, email or in person) with the AOR or his/her designee to review the status of activities, and should be prepared to make periodic briefings to USAID as appropriate.

4. Title to Property

Title to property will be vested with the Recipient in accordance with 2 CFR 200.311.

5. Authorized Geographic Code

The authorized Geographic Code for procurement of goods and services under this award is 110 and 937.

6. Purpose of the Award

The principal purpose of the relationship with the Recipient under the subject Activity is to transfer funds to accomplish a public purpose of support of the Support Public Health System Recovery and Resilience Activity described in the Program Description, in Section I of this NOFO.

The Recipient will be responsible for ensuring the achievement of the Activity objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, activity objectives, and the terms and conditions of the Federal award. The Recipient using its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the resulting award.

[END OF SECTION II]

SECTION III - ELIGIBILITY INFORMATION

A. Types of Entities Eligible to Apply

USAID encourages applications from potential new partners. USAID will not accept applications from individuals.

To be eligible for award of a Cooperative Agreement, in addition to other conditions of this NOFO, organizations must have a commitment to non-discrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, and political affiliation.

The following types of entities are **eligible** to apply for funding under this RFA:

1. U.S. and Non-U.S. Non-Governmental Organizations (NGOs)

a) U.S. and Non-U.S. Non-Profit Organizations

U.S. and non-U.S. private non-profit organizations may apply for funding under this RFA.

b) U.S. and Non-U.S. For-Profit Organizations

U.S. and non-U.S. private for-profit organizations may apply for funding under this RFA. Potential for-profit applicants should note that, in accordance with 2 CFR 200.400(g), profit, which is any amount in excess of allowable direct and indirect costs, is not an allowable cost for recipients of USAID assistance awards, and cannot be part of the project budget. However, the prohibition against profit does not apply to procurement contracts made under the assistance instrument when the recipient procures goods and services in accordance with the Procurement Standards found in 2 CFR 200.317 to 326.

c) U.S. and Non-U.S. Colleges and Universities

U.S. and non-U.S. colleges and universities may apply for funding under this RFA. USAID generally treats colleges and universities as NGOs, rather than governmental organizations; hence, both public and private colleges and universities are eligible, except public colleges and universities in countries that are ineligible for assistance under the FAA or related appropriations acts. Please note, however, that this NOFO is focused on programming the implementation of activities and is not intended to fund academic research.

2. Public International Organizations (PIOs)

PIOs may apply for funding under this RFA. Please see ADS 308 for USAID policy on PIOs: http://www.usaid.gov/ads/policy/300/308

B. Registration as a Private Voluntary Organization (PVO)

NGOs that meet the definition of a Private Voluntary Organization (PVO) as defined in 22 CFR 203 http://www.gpo.gov/fdsys/pkg/CFR-2014-title22-vol1/xml/CFR-2014-title22-vol1-part203.xml are encouraged to register as a PVO with USAID. Applicants may find registration instructions here: http://www.usaid.gov/pvo.

C. New Partners

USAID encourages applications from new partners that have not previously received USG funding. However, resultant awards to these organizations may be delayed because USAID must conduct pre-award surveys of these organizations in order to make a risk assessment decision, in accordance with ADS 303.3.9 (for NGOs; ADS 308 for PIOs). Please refer to Section V of this NOFO, for additional information on pre-award surveys.

D. Number of Applications that May be Submitted

Any one entity may submit one application for funding in response to this NOFO. Multiple applications from the same entity are not allowed and USAID will only accept one final application from one entity.

E. Cost Sharing

ADS 303.3.10 Cost Share defines cost share as "the resources a recipient contributes to the total cost of an agreement. It is the portion of project or program costs not borne by the Federal Government." Although not required for this NOFO, USAID/Ukraine encourages the potential applicants to propose cost sharing since "it is critical that the activity continues after USAID assistance ends." These cost sharing principles can ensure that the project establishes adequate alternate sources of funding, as well as give the applicant a financial stake in the success of the program. The applicants' proposed cost share may enable additional worthwhile activities to be undertaken which USAID funds could not support. Cost share may secure the programmatic and financial sustainability of the initiatives. USAID encourages applicants to propose which activities and in which amount cost sharing will be applied. The exact level of cost share is left to applicants to propose per 303.3.10.1 (http://www.usaid.gov/policy/ads/300/303.pdf). For NGO recipient contributions to qualify as cost share, the cost share must be verifiable from the recipient's records; for U.S. organizations it is subject to the requirements of 2 CFR 200.306, and for non-U.S. organizations it is subject to the Standard Provision, "Cost Share"; and can be audited. If the recipient does not meet its cost sharing requirement, it can result in questioned costs. The USAID Mission Agreement Officer will determine whether any proposed cost share shall become a condition of the award. For PIO recipients, while the term "cost sharing" is not used in USAID grants and cooperative agreements with PIOs, the concept of cost sharing is manifested by the USAID requirement that USAID must have audit rights, and the recipient must comply with USAID's procurement requirements, if USAID will be the sole contributor to a trust fund established by a PIO.

Any proposed cost share will be reviewed for compliance with applicable regulations and policies described in this section.

F. Third Country Participant Training

Third-country training must **not** take place in countries that are:

- Considered unfriendly by the U.S. Department of State and to which travel by U.S. citizens is prohibited; or
- Identified as terrorist countries by the Department of State.

[END OF SECTION III]

SECTION IV – APPLICATION AND SUBMISSION INFORMATION

A. POINT OF CONTACT INFORMATION:

The point of contact for this NOFO is Ms. Larissa Lomonosova at llomonosova@usaid.gov, with a copy to Mr. Brian Woody at bwoody@usaid.gov. The point of contact will receive all questions related to this NOFO by the deadline specified in the cover letter. Responses to the questions will be made available to all potential applicants through an amendment to this NOFO and posted on www.grants.gov. The point of contact will also receive all applications related to this NOFO by the closing date specified on the cover letter.

To be considered for this funding opportunity, all applicants must follow the procedures set out in this NOFO. USAID may exclude applicants from further consideration if any submission is not within these parameters. Applications and all supporting material must be submitted in English.

B. APPLICATION MATERIALS AND SUBMISSION INFORMATION:

Applications must be submitted electronically via e-mail to the point of contact for this NOFO, Ms. Larissa Lomonosova at llomonosova@usaid.gov, with a copy to Mr. Mr. Brian Woody at bwoody@usaid.gov. Note: Hard copy or faxed applications are not acceptable and will not be reviewed.

All applications received by the closing date and time indicated on the cover letter will be reviewed for responsiveness and programmatic merit in accordance with the specifications outlined in these guidelines and the application format. Section V. addresses the selection criteria and evaluation procedures for the applications.

Complete application packages must be received by USAID no later than the closing date and time indicated at the top of the NOFO cover letter at the place designated for receipt of applications. Failure to include all information or to organize the application in the manner prescribed may result in rejection of the application as being unacceptable. Applications which are received late or incomplete will not be considered unless the Agreement Officer determines it to be in the U.S. Government's interest.

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:

(i) 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 pages___."; and

(ii) 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."

Applications shall be submitted in two separate parts: (a) Technical Application, and (b) Cost or Business Application. Both the technical and cost portions of the application shall have a cover page which includes the point of contact for the organization, including name, title, address, DUNS number, phone and fax numbers, and e-mail address. Applications should be submitted in **TWO** e-mails inclusive of attachments. The TWO e-mails inclusive of attachments should be labeled as follows:

- ORGANIZATION NAME – PUBLIC HEALTH SYSTEM RECOVERY AND RESILIENCE ACTIVITY - TECHNICAL APPLICATION
- ORGANIZATION NAME – PUBLIC HEALTH SYSTEM RECOVERY AND RESILIENCE ACTIVITY - COST APPLICATION

USAID will send confirmation e-mails when the electronic files are successfully received. If no email confirmation has been provided, then the electronic materials were not received. Applicants should retain for their records one copy of all enclosures which accompany their application.

Applications should be prepared according to the structural format set forth below. Technical applications should be specific, complete and presented concisely. **A lengthy application does not in and of itself constitute a well thought out proposal.** Applications shall demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Applications should take into account the merit review criteria found in Section V. of the NOFO.

C. FORMAT AND CONTENT OF APPLICATION

1. GENERAL APPLICATION FORMAT:

Technical Applications (electronic copy) **must be in MS Word or PDF** format, single spaced, utilizing **Times New Roman 12-font size**, typed on standard 8½"x11" sized paper with 1" margins on top, bottom, left and right, numbered consecutively, and **not exceed 30 pages.** The cover page, table of contents, acronyms list, executive summary, and any annexes will not count toward the page limitation of the Technical Application. Any pages that exceed the page limitation will not be considered by the review committee. All materials and supporting documentation must be submitted in English.

Applications will be evaluated first on programmatic merit and subsequently on cost. As such, the Technical Application will have more significance than the Cost Application in the selection of a successful applicant. The Technical Application should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Therefore, it should be specific, concise, and complete. It should consider and be arranged in the order of the merit review criteria specified in Section V.

Each applicant shall furnish the information required by this NOFO. The applicant shall sign the application and certifications and print or type its name on the cover page of the technical and cost applications. 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.

2. TECHNICAL APPLICATION FORMAT AND CONTENT:

The Technical Application will be the most important item of consideration in selection for award of the proposed Cooperative Agreement. Therefore, it should be specific, complete, and concise. The Technical Application will consist of the sections presented below. For ease of review, please place a header at the beginning of each new section.

The following outlines the page limits for the application. Pages exceeding these page limits will not be evaluated. In addition, if the annexes contain information that relates to the technical application, they will not be scored (e.g., placing elements of technical understanding and proposed approaches in an annex is unacceptable).

The substance of the Technical Application should be used to address those considerations in Section V, APPLICATION REVIEW INFORMATION. The cover page, table of contents, acronyms list, executive summary, and annexes are not included in the page limit of 30 pages, however the executive summary should not exceed 3 pages. The number of pages used for annexes should be reasonable and include only the information necessary.

There is a 20-page limit for the combination of the Technical Approach, the Implementation Plan, and the Staffing and Management Plan. These 20 pages, after any negotiated revisions, will be included in the resultant Cooperative Agreement. Additionally, there is a 5-page limit for the Monitoring, Evaluation and Learning (MEL) Plan. There is a 3-page limit for the Institutional Capability and a 2-page limit for Past Performance. The aggregate length of the technical application should not exceed 30 pages.

The Technical Application should be submitted in the following format:

a) Cover Page (not included in page limitations) -

The cover page must include at a minimum the following information:

- NOFO Number
- Project Title
- Name of the organization(s) submitting the proposal (the lead or primary applicant clearly identified)
- 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
- Any proposed sub-grantees (or implementing partners) should be listed separately.

Applicants should also state clearly whether the identified contact person has the authority to negotiate on behalf of the applicant, or, if not, the contact information for the appropriate person with the authority to negotiate.

b) Table of Contents (not included in page limitations) -

This page shall list all sections of the Technical Application with page numbers and attachments.

c) Acronyms List (not included in page limitations) -

This page shall include the list of acronyms used by the applicant in the Technical Application.

d) Executive Summary (not included in page limitations; should not exceed 3 pages) –

This section shall briefly contain:

- a concise summary of the strategy and implementation approach that will lead to anticipated results and stated objectives; and
- a concise summary of how the overall project will be managed and implemented.

e) Technical Approach (included in the 20-page limitation) -

In this section, the applicant is not to merely repeat what is already described in this NOFO. The applicant should present a program description that focuses on describing the program that the applicant will implement. In this description, the applicant should discuss how they propose to achieve the objectives and make a significant contribution toward achieving the strategic purpose and priorities identified in USAID's activity description. Applicants will present a convincing and compelling articulation of their program and technical approach and demonstrate why it is the most effective way to realize the objectives of this activity, including a sound strategy and implementation approach relevant to the current needs of Ukraine and the requirements outlined in this NOFO.

The technical approach must clearly describe, and with enough details, the conceptual approach and methodology for the implementation, accomplishment, and evaluation of the objectives, and the rationale behind this approach. The applicant's program description must clearly demonstrate the application of state-of-the-art approaches, models, tools, and lessons learned from other settings and evidence. The application must also demonstrate a strong understanding of the country context and how strong coordination and collaboration will be developed with the GOU, regional entities, and other donors and partners, and of how engagement and capacity of civil society, local organizations, and communities will be built (including through sub-grants). The technical approach should also address how the applicant will build in flexibility and adaptation, while building longer-term commitment and capacity for country-owned, resilient public health systems and functions.

Mandatory cross-cutting considerations: The following cross-cutting considerations need to be incorporated throughout the applicants' program (some details are in Section I – Program Description):

- Gender;
- Inclusive Development;
- Journey to Self-Reliance (J2SR), and
- Sustainability.

f) Implementation Plan (included in the 20-page limitation) -

Applicants shall include a draft implementation plan that describes how and when specific core technical approaches and key interventions will be developed over the life of the activity, while ensuring flexibility to

respond to changing country conditions and availability of funds. Applicants must present a more detailed explanation for the first year, with illustrative *key* interventions, benchmarks, and timelines while outlining approaches and expected results for the remaining years. The implementation plan should clearly align with the proposed results, conceptual approach, and performance milestones, and present a realistic timeline for achievement of results over the life of project. The implementation plan serves several purposes including a guide to program implementation, a demonstration of links between activities, strategic objectives and intended results, a basis for budget estimates, and the foundation for the monitoring and evaluation plan.

The implementation plan, at a minimum, shall include:

- Proposed geographic focus and program beneficiaries (to be modified during start-up as appropriate based on consultations with the MOH, USAID and partners) ;
- Milestones (or benchmarks) toward achieving key results over the duration of the Activity; and
- Timeline.

g) Management and Staffing Plan and Key Personnel (should be included in the 20-page limitation) -

This section shall include the composition and organizational structure of the proposed team and a description of each team member's role, technical expertise, and expected role in the achievement of expected results. The plan should include the applicant's approach to managing the operational aspects of the program to ensure effective and efficient implementation of activities and respond to the expected need for flexibility and adaptation in a dynamic programming environment. The applicant should specify the structure of the entire program team, including home office support and implementing partners (i.e., sub-recipient(s)), and the applicant's overall approach to managing the program. The staffing plan should be clear and effective with roles and responsibilities among different positions adequately delineated to demonstrate an efficient and effective use of human resources in meeting the objectives identified in this NOFO. The applicant should demonstrate an ability to operate independently and effectively to deliver the results of the program. The applicant should demonstrate how it will ensure effectiveness and efficiency in its organizational structure, including field offices (if any) and how it will utilize Ukrainian professionals for country staff. The relationship between the prime and any subs proposed should also be clearly described and how the overall program will be managed as a cohesive whole in the event of a consortium approach.

A one-page organizational chart may be included as an Annex to supplement the plan and this annex will not count against the 20-page limit.

The Applicants can propose up to 5 (five) key leadership positions (a minimum of 3 is required that cover both the key technical and management roles in the leadership structure, with clear delineation of how each of the 4 objectives are divided among them if applicable). The leadership positions will be designated as Key Personnel under the resulting award.

Example:

- Chief of Party
- Deputy Chief of Party

- Technical Director
- Senior Advisor on Monitoring & Evaluation, and Strategic Information
- Director of Finance and Grants Management

Key Personnel should have:

- experience and capability in managing related complex programs in the area of public health systems in Ukraine and/or the region;
- track record of successfully building and effectively managing diverse teams of employees;
- demonstrated effective interpersonal skills, creative problem-solving and ethical management; and
- prior experience in working in a similar development sector and/or other international donors.

USAID will also consider the extent to which the Applicant's desired key personnel, including position titles, and desired qualifications would best achieve the results of the Activity.

In an Annex to the Technical Application, applicants should provide résumés for the candidates proposed **for all Key Personnel positions** proposed by the applicant**.** The résumés should demonstrate that the proposed Key Personnel possess the qualifications, skills, and knowledge to effectively carry out their proposed responsibilities. Résumés may not exceed three pages in length and shall be in chronological order starting with the most recent experience. The relevant experience listed in resumes must identify the specific month and year in which the candidate worked in the position so that the years of experience are clearly delineated and easy to tabulate. Each résumé shall be accompanied by a signed Letter of Commitment (in a separate document from resumes; not included in the three-page limitation) from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of days after Award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels corresponding to the Cost Application. References may be checked for all proposed key personnel; **a minimum of three references for each proposed key personnel is required to be provided in a separate document** (not included in the three-page limitation). There is no special format for the references. Applicants should provide current phone, e-mail address information for each reference contact.

Local staff should be fluent in English and Ukrainian. Knowledge of other languages from the region is a plus.

h) Monitoring and Evaluation and Learning (MEL) Plan (not to exceed 5 pages) -

The application shall contain an illustrative (draft) **Monitoring, Evaluation and Learning (MEL) Plan** for the goal, purpose, objectives and expected results outlined in the Program Description. The MEL Plan shall also include performance indicators, data sources and collection methods, baseline information or a timeline for collecting it and targets. Performance indicators should comply with the following criteria: direct, objective, practical, adequate, and useful in managing for results. MEL Plan data should be based on the U.S. Government fiscal year calendar.

The MEL Plan must explain how the applicant proposes to monitor the program and assess performance and progress toward achieving program results.

In designing the overall MEL Plan, applicants should consider the human and financial resources necessary for its implementation. It is the applicant's responsibility to ensure that all costs related to the implementation of the MEL Plan are included in the cost application.

NOTE: The MEL Plan should be drafted per the guidance provided in the NOFO, Section VI., Sub-section *B. Monitoring, Evaluation and Learning (MEL) Plan*.

i) Institutional Capability (not to exceed 3 pages) -

Applicants must provide evidence of their technical and managerial resources and expertise (or their ability to obtain such) in program management, grants management, budget/financial management, technical assistance and capacity building provision, and training, as well as their experience in managing similar projects in the past.

The applicant should provide similar information for major partnering organization(s) *(if proposed)* that will be directly involved in program implementation. Information in this section should include (but is not limited to) the following:

- Brief description of organizational history/expertise;
- Past experience and examples of accomplishments in developing and implementing similar activities in similar contexts relevant experience with proposed approaches and expected results;
- Institutional strength as represented by breadth and depth of institutional experience in project relevant disciplines/areas;

j) Past Performance (not to exceed 2 pages) -

Past Performance information will only be reviewed as part of the Apparently Successful Applicant risk assessment and is not evaluated at the merit review stage.

Applicants must list all contracts, grants and cooperative agreements which the organization, both the primary applicant as well as any major partnering organization(s) *(if proposed),* has implemented involving similar or related programs over the past five years.

Please include the following information under past performance information:

- Name, address, current telephone number and email address of responsible representative(s) from the organization for which the work was performed;
- Contract/grant name and number (if any), annual amount received for each of the last five years and beginning and end dates;
- Brief description of the project/assistance activity.

Past performance of the applicant and any major partnering organization(s) *(if proposed)* will be reviewed based on the implementation of programs or program elements of similar size and scope, and ability to achieve results. References may be asked to comment on both quality and timeliness of service, business relations, customer satisfaction with performance, effectiveness of key personnel, and effectiveness in quickly staffing a project and launching program activities.

k) Annexes (are not included in 30 pages) -

In the Annexes, the applicant shall include resumes for all key personnel candidates (per the details above, prescribed in section Staffing and Management Plan) with key personnel references (per the details above). The applicant must provide separate letters of commitment for key personnel (per the details above). The applicant must also include an organizational chart in the Annexes as stated above.

Applicants shall also include signed letters of commitment for any major partnering organization(s) *(if proposed)* that will have a significant role in the implementation of the program (excluding Ukrainian organizations that will receive assistance under this program).

3. COST/BUSINESS APPLICATION FORMAT AND CONTENT:

The Cost/Business Application is to be submitted under separate cover from the Technical Application. Budget spreadsheets **must be in U.S. Dollars**, **in unlocked Microsoft Excel** format, pages with signatures in Word or PDF format.

The budget should be for 5 years and for $45,000,000 and should reflect the cost necessary to implement the applicant's technical approach.

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 the cost application, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

- **Detailed Budget (no page limit),** which provides a breakdown by elements of cost (e.g., personnel, fringe benefits, travel, equipment, supplies, contractual, construction, other direct costs, indirect costs, cost sharing (if any)) for the total estimated amount of implementation of the project according to your organization's approach. The budget shall include costs associated with all programmatic activities during the project implementation. Budget must be in U.S. Dollars.

- **Budget Narrative**, which provides detailed budget explanations and supporting justification of each proposed budget line item. It must briefly describe programmatic relevance and clearly identify the basis of estimate (i.e., how the budget number was determined fair and reasonable) for each cost element, such as market surveys, price quotations, current salaries, historical experience, etc. The budget narrative should demonstrate how the budget supports and allocates sufficient and appropriate funding for all elements of the program activities described in Section I. Funding Opportunity Description (Program Description) of this NOFO.

The applicant must sign and submit the following MANDATORY standard forms as a part of the cost application:

- **(MANDATORY) SF-424 (Application for Federal Assistance):** This form is provided in Annex 3 of the NOFO, or applicants may also download the form from the Grants.gov website. Applicants need only complete the fields in the form that are marked with an asterisk (*), as applicable. The form must be signed and dated by an authorized representative of the applicant organization. Instructions on how to complete the form are available on the Grants.gov website at: http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html.

- **(MANDATORY) SF-424A (Budget Information – Non-Construction Programs):** This form is provided in Annex 4 of the NOFO, or applicants may also download the form from the Grants.gov website. Instructions for completing this form are available on the Grants.gov website at: http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html.

- **(MANDATORY) SF-424B (Assurances – Non-Construction Programs):** This form is provided in Annex 5 of the NOFO, or applicants may also download the form from the Grants.gov website. Instructions for completing this form are available on the Grants.gov website at: http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html

The cost application should contain the budget categories as shown on the SF-424A:

- ***Personnel/Labor:*** Direct salaries and wages should be proposed in accordance with the organization's personnel policies. Details on the basis of estimate for each proposed salary should be sufficiently addressed in the budget narratives for all positions [key, consultants, short term technical assistance and non-Key Personnel]. Any proposed salary increase must be sufficiently justified and supported with the organization's personnel policies (to be provided as annex to the cost application).

  Note: **Annual salary increase** and/or promotional increase may be granted in accordance with the applicant's established policies.

- ***Fringe Benefits:*** If accounted for as a separate item of cost, fringe benefits should be accounted in accordance with local labor law.

- ***Travel and Per Diem:*** The application budget and narrative should indicate the purpose of trip(s), number of trips, domestic and international, and the estimated unit cost of each. Specify the origin and destination for each proposed trip, duration of travel and number of individuals traveling. Proposed per diem rates must be in accordance with the applicant's established policies and practices that are uniformly applied to federally financed and other activities of the applicant.

- ***Equipment:*** The application should specify the procurement of any tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000. The application should indicate the quantity of the equipment to be purchased, the unit cost and the total price.

- ***Supplies:*** The application should specify the procurement of all tangible personal property other than those described in Equipment. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or $5,000, regardless of the length of its useful life. The application should indicate the quantity of the equipment to be purchased, the unit cost and the total price.

- ***Contractual****:* The application should include, if any, subaward(s). Applicants who intend to utilize other partnering organization(s) should indicate the extent intended and a complete cost breakdown, as well as all the information required herein for the applicant. **Major partnering organization(s) financial plans should follow the same cost format as submitted by the applicant.**

- ***Construction:*** Construction will not be funded by USAID under this program.

- ***Other Direct Costs (ODC):*** could include costs related to program activities described in the PD; communications, office rental, utilities, report preparation costs, other office operation costs, branding/marking costs, supplies, etc. The narrative should provide a complete breakdown and support for each item of other direct costs.

- ***Cost share****:* ADS 303.3.10 Cost Share defines cost share as "the resources a recipient contributes to the total cost of an agreement. It is the portion of project or program costs not borne by the Federal Government." Although not required for this RFA, it is encouraged.

The following information should be taken into consideration when developing the budget:

(1) Salaries and wages must be reflective of the "market value" for each position. Salaries and wages may not exceed the applicant's established written personnel policy and practice, including the applicant's established pay scale for equivalent classifications of employees, which shall be certified by the applicant. Salaries for locally employed staff should not exceed the Local Compensation Plan for USAID/Ukraine.

The US Embassy/USAID local compensation plan is an objective benchmark for evaluation the reasonableness of proposed salaries of local employees. Ukrainian labor market conditions are the same for USAID-funded contracts or assistance agreements.

The maximum daily rate for senior locally hired specialists is $251 under USAID contracts. Applicants are expected to conduct their own market research for determining the salary scale for locally hired positions in Ukraine or rely on their previous work experience and other implementing partners' experience in the region.

(2) This USAID-funded project implemented under the anticipated cooperative agreement will be for an estimated period of performance of five (5) years; also referred to as the award period. Unless the applicant/Recipient demonstrates otherwise to the USAID Agreement Officer's satisfaction, Cooperating Country Nationals (CCNs) employed by the applicant/Recipient solely to work under the USAID-funded project under this agreement are considered by USAID as employed by the applicant/Recipient for a specified period not to exceed the agreement period.

(3) The name (if identified), annual salary, and expected level of effort of each candidate named or TBD and charged to the Activity.

(4) If applying fringe benefit rates, the applicant must provide information regarding how this rate is being applied for each category of employees and an explanation of the benefits included in the rate. Should the applicant have a negotiated indirect cost rate agreement (NICRA) with the U.S. Government, submission of their approved NICRA is all that is required.

(5) Travel, per diem and other transportation expenses detailed to include number of trips, expected itineraries, number of per diem days and per diem rates.

(6) All equipment proposed to be purchased.

(7) Applicants should include any estimated USAID branding and marking costs in their budget. It is the applicant's responsibility to ensure that all costs related to the implementation of the MEL Plan and Activity Location Data are included in the cost application. Applicants need to account for resources required for implementing and monitoring the environmental compliance activities in the technical application and in the budget and describe associated costs in detail to the degree possible in the budget narrative.

(8) Details regarding the level of cost share your organization is proposing for this activity **if any**. Cost sharing is desired but not required.

(9) Indirect Charges: The applicant and/or Major Partners must provide the organization's Negotiated Indirect Cost Rate Agreement (NICRA) if it has one.

D. RISK ASSESSMENT PRIOR TO ANY AWARD

The AO will make a risk determination as required by ADS 303.3.9 and 2 CFR 200.205 prior to making an award.

Specifically, applicants must submit the following information:

1. Indirect Cost Rate Agreement

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

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

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

2. Certifications, Assurances and other Statements of the Applicant

Required assurance, certifications and representations: Applicants are required to complete Certifications, Assurances and other Statements of the Recipient. Please note that these certifications are required for both the applicant and all sub-grantees. Applicants may view the current Certifications, Assurances and Other Statements of the Recipient in ADS 303: http://www.usaid.gov/ads/policy/300/303mav (Parts I-V).

3. **Additional Information**

Applicants shall submit any additional evidence of financial responsibility deemed necessary for the Agreement Officer to make a positive risk assessment to manage USG funds. The information submitted should substantiate that the applicant:

- Has adequate financial, management and personnel resources and systems, or the ability to obtain such resources as required during the performance of the award;
- Has the ability to comply with the award terms and conditions, taking into account all existing and currently prospective commitments of the applicant, both nongovernmental and governmental;
- Has a satisfactory record of performance. Generally, relevant unsatisfactory performance in the past is enough to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance or the applicant has taken adequate corrective measures to assure that it will be able to perform its functions satisfactory;
- Has a satisfactory record of integrity and business ethics;
- Is otherwise qualified to receive an award under applicable laws and regulations.

4. **Certificate of Compliance**

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

5. **Statutory and Regulation Certifications:**

The applicant shall complete the certifications in Required Certifications (see above) and sign and date in the signature space provided. The signed and dated printout must then be submitted with the application as an attachment to the cost application.

E. DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT (SAM)

USAID may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.

Each applicant (unless the applicant has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) is required to:

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

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

Prospective applicants who are not currently registered in SAM are advised to begin the registration process IMMEDIATELY. For assistance with registering in SAM, please contact the supporting Federal Service Desk (FSD) at https://www.fsd.gov/. To obtain a DUNS number, please visit http://fedgov.dnb.com/webform.

Quick reference guides for new grantee registration in SAM are provided in Annexes of this NOFO.

F. FUNDING RESTRICTIONS

Any resulting award will not allow for the reimbursement of pre-award costs.

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

G. POTENTIAL REQUEST FOR ADDITIONAL DOCUMENTATION

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

The information submitted should substantiate:

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

[END OF SECTION IV]

SECTION V – APPLICATION REVIEW INFORMATION

A. MERIT REVIEW CRITERIA

USAID will conduct merit reviews of all applications received that comply with the instructions in this NOFO. Technical Applications will be evaluated in accordance with the merit review criteria set forth below. The cost application of the "Apparently Successful Applicant" will be reviewed for general reasonableness, allowability, and allocability.

Applications will be evaluated using an adjectival evaluation scale (exceptional, very good, satisfactory, marginal and unsatisfactory).

The criteria set forth below will be used by the technical review panel to evaluate all applications submitted in response to this NOFO. The criteria are presented by major category in descending order of importance.

Technical Approach, Implementation Plan, and MEL Plan: The evaluation of this factor will focus on the extent to which the proposed approach is well-conceived, clear, technically and strategically sound, innovative, and feasible toward achieving the strategic purpose and objectives identified in the program description of this NOFO. This includes the extent to which the applicant's program design represents an efficient and effective approach to realize the expected results, demonstrates clear understanding of and feasibility within the country context with due consideration for ensuring flexibility and adaptability, and advances public health system capacity. It also includes the appropriateness and feasibility of the implementation plan in terms of realistic timelines, goals and approaches for start-up and implementation, and of the approach to cross-cutting considerations (Gender, Inclusive Development, Sustainability, and the Journey to Self-Reliance). The evaluation will also consider clarity, appropriateness, consistency and soundness of the proposed Monitoring, Evaluation and Learning (MEL) Plan for measuring progress in achieving expected results of the program, including suggested performance indicators, a plan for collecting baseline data, and utilization of data for implementation decision-making.

Management and Staffing Plan: Evaluation under this factor will consider the appropriateness and relevance of the organizational and team structure & composition, the operational management plan (including approach to ensure unified management across the prime and any sub recipients), and the overall management approach for the program in terms of the applicant's ability to timely deliver the results of the program proposed. Evaluation will also consider the extent to which the plan reflects the need for flexibility and adaptation in a dynamic programming environment, the extent to which the approach will utilize and develop Ukrainian professional talent.

Key Personnel: The evaluation of key personnel will assess the extent to which the experience and capability of the proposed Key Personnel meets the needs of the activity design. The evaluation will consider the skills and experience of key personnel in terms of managing related complex programs in related fields (health sector reform, public health systems and health security, immunization, mental health); track record of successfully building and effectively managing diverse teams of employees; demonstrated effective interpersonal skills, creative problem-solving and ethical management; and prior experience of working in a similar development sector and/or with other international organizations and donors. USAID promotes the

professional and technical development of Ukraine's workforce, and applicants are encouraged to hire Ukrainian s for key personnel positions.

Institutional Capability: Evaluation of this factor will review the extent to which the applicant's organizational capability and experience demonstrates its ability to manage technical and administrative aspects of similarly complex programs and achieve measurable results. Specific capabilities in partnering with and building the capacity of local NGOs and communities to engage in public sector governance and public health systems will also be considered.

B. COST REVIEW

Review of Proposed Award Budget

Cost is less important than programmatic merit and is not weighted. USAID will review the cost application of only the apparently successful applicant. Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application. In addition, the organization must demonstrate adequate financial management capability, to be measured under a risk assessment.

If USAID does not successfully negotiate an award with the Apparently Successful Applicant, based on programmatic merit, then USAID will consider the next highest ranked applicant and review its cost application.

Estimated costs should be in compliance with 2 CFR 200, USAID's, and applicants' policies. Estimated costs will be evaluated for practicality, reasonableness, allowability, allocability, and cost effectiveness. The applicant must justify in advance the proposed costs for each element of the program. The pre-award evaluation of cost effectiveness will include an examination of the application's budget detail to ensure it is a realistic financial expression of the proposed program and does not contain estimated costs which may be unallocable, unreasonable, or unallowable.

Proposed costs may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

To facilitate review of Cost Applications, please present your budget per SF-424A structure provided in the Annex of this NOFO.

C. PRE-AWARD SURVEYS

Prior to making an award under this competition, the USAID Agreement Officer may perform a pre-award survey of a prospective NGO recipient if he/she determines that any of the following criteria apply, in accordance with USAID ADS Chapter 303.3.9.1:

- USAID is uncertain about the prospective recipient's capacity to perform financially or programmatically.

- The prospective recipient has never had a USAID grant, cooperative agreement, or contract. This requirement does not apply to Fixed Amount Awards.
- The prospective recipient has not received an award from any Federal agency within the last five years. This requirement does not apply to Fixed Amount Awards.
- USAID has knowledge of deficiencies in the applicant's annual audit (Single Audit or equivalent).
- The USAID Agreement Officer determines it to be in the best interest of the U.S. Government.

Accounting systems, audit issues, and management capability questions may be reviewed as part of this process in order to determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills in order to achieve the objectives of the program, or whether specific conditions will be needed. If notified by USAID that a pre-award survey is necessary, applicants must prepare in advance the required information and documents. A pre-award survey does not commit USAID to make an award to any organization.

[END OF SECTION V]

SECTION VI – AWARD AND ADMINISTRATION INFORMATION

A. Federal Award Notices

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

1. A written award mailed or otherwise furnished to the successful applicant within the application's validity time as specified either in the application or in this NOFO (whichever is later) shall result in a binding Cooperative Agreement without further action by either party. Before the application's specified validity expiration time, the Government may accept an application, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received by the applicant before award. Negotiations or discussions conducted after receipt of an application do not constitute a rejection or counteroffer by the Government.

2. Applicants must set forth full, accurate and complete information as required by this NOFO. The penalty for making false statements to the Government is prescribed in 18 U.S.C. 1001.

3. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting Cooperative Agreement unless explicitly stated otherwise in the agreement.

4. USAID reserves the right to perform a pre-award survey which may include, but is not limited to: (1) interviews with individuals to establish their ability to perform agreement duties under the project conditions; (2) a review of the prime recipient's financial condition, business and personnel procedures, etc.; and (3) site visits to the prime recipient's institution.

B. Award Administration

USAID/Ukraine Mission will be responsible for the negotiation and obligation, and subsequent management and administration, of award which develop from successful application. The Mission Agreement Officer will be responsible for conducting negotiations, making the awards, and obligating costs to recommended partner(s). He/she will only do so after making a positive risk assessment or responsibility 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. The Agreement Officer will also designate an Agreement Officer Representative (AOR) to assist in the technical management and oversight of the award.

Resulting awards to **U.S. non-governmental organizations** will be administered in accordance with 2 CFR 700, 2 CFR 200, and Chapter 303 of USAID's Automated Directives System (ADS), including ADS

303maa, Standard Provisions for U.S. Nongovernmental Organizations. These policies and federal regulations are available at the following websites:

- 2 CFR 700:
http://www.ecfr.gov/cgi-bin/text-idx?SID=c51d0ac519854fd1da7a3c31f3b3f301&node=pt2.1.700&rgn=div5

- 2 CFR 200:
http://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-subtitleA-chapII.xml

- ADS 303maa, Standard Provisions of U.S. Nongovernmental Organizations:
http://www.usaid.gov/ads/policy/300/303maa

- ADS Chapter 303:
http://www.usaid.gov/ads/policy/300/303

Resulting award to **non-U.S., non-governmental organizations** will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS), including ADS 303mab, Standard Provisions for Non-U.S. Nongovernmental Organizations. The Standard Provisions for Non-U.S. Nongovernmental organizations are available at http://www.usaid.gov/ads/policy/300/303mab. ADS Chapter 303 is available at
http://www.usaid.gov/ads/policy/300/303.

Additional policies and federal regulations are available at the following websites:

- 2 CFR 700:
http://www.ecfr.gov/cgi-bin/text-idx?SID=c51d0ac519854fd1da7a3c31f3b3f301&node=pt2.1.700&rgn=div5

- 2 CFR 200:
http://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-subtitleA-chapII.xml

Resulting awards to **public international organizations** will be administered in accordance with Chapter 308 of USAID's Automated Directives System (ADS), including the Standard Provisions set forth in ADS 308.3.14. ADS Chapter 308 is available at
http://www.usaid.gov/ads/policy/300/308 .

Authority to Obligate the Government: The Agreement Officer is the **only** individual who may legally commit the Government to the expenditures of public funds. No costs chargeable to the proposed Cooperative Agreement may be incurred before receipt of either a fully executed Cooperative Agreement or a specific, written authorization from the Agreement Officer.

C. REPORTING:

1. Financial Reporting

Financial reporting will depend on the payment provisions of the award, which cannot be determined until after the successful applicant(s) is/are selected. Financial reporting requirements will be specified in awards. In accordance with 2 CFR 200.328, financial reporting will be required no less frequently than annually nor more frequently than quarterly except in unusual circumstances, for example where more frequent reporting is necessary for the effective monitoring of the award or could significantly affect program outcomes.

Program Reporting

The Recipient will provide the following documents to the USAID Agreement Officer (AO) and the Agreement Officer's Representative (AOR), as specified below and in the Substantial Involvement Provisions.

A. Initial Implementation Plan:

Within 45 days of the signing of the Cooperative Agreement, the Recipient will present an Initial Implementation Plan to the USAID AOR for review and approval (electronic copy). The AOR must provide written comments on the draft Plan and when the Plan is finalized, the AOR will provide written approval.

The Initial Implementation Plan should present the implementation strategy and technical approach for achieving results during the year, and include a list of interventions and tasks to be completed during the year, grouped under the objective that they seek to support. For each intervention , the Awardee should 1) explain in brief its connection to the objective; 2) define the necessary steps to complete the tasks; 3) assign responsibilities for completing those steps; 4) provide any quantitative or qualitative targets and outputs; and 5) a timeline for the implementation of the task.

The AOR will review the Plan and provide comments and recommendations for changes no later than 30 days after receipt of the draft. The Recipient shall incorporate AOR's comments and recommendations into the final version of the Initial Implementation Plan and submit it for AOR's written approval. All substantial changes in the Initial Implementation Plan require prior written approval of the AOR.

B. Monitoring, Evaluation and Learning (MEL) Plan:

Within the first 45 days of the signing of the Cooperative Agreement and before major activity implementation actions begin, the Implementing Partner shall submit an activity MEL Plan together with the Initial Implementation Plan to the USAID AOR for review and approval.

The AOR will review the MEL Plan and provide comments and recommendations for changes no later than 30 days after receipt of the draft. The Implementing Partner shall incorporate AOR comments and recommendations into the final version of the M&E Plan and submit it for AOR written approval within 15 days. After the plan is finalized, the AOR will provide written approval. All substantial changes in the MEL Plan require prior written approval of the AOR.

Activity MEL Plan submitted to USAID should include only those indicators that the USAID Mission needs for activity management, rather than the entire set of all indicators an activity implementer uses for its management purposes. MEL Plan data collection will be based on the USG fiscal year (October 1 – September 30).

The Development Information Solution (DIS), USAID's new agency-wide unified portfolio management system, is being deployed to USAID/Ukraine for centralized performance results reporting. DIS is envisioned as a comprehensive single-entry data point for activity-level information. The (Recipient/Contractor) will be trained to enter quantitative data and narratives through the DIS Partner Portal. The Partner Portal does not allow implementing partners access to AIDnet. Implementing partners will also be able to access the Development Experience Clearinghouse (DEC) and the Development Data Library (DDL) through hyperlinks in the DIS Partner Portal. Implementing partner should report on the USAID PMP and PPR indicators in DIS.

USAID is currently rolling out the New Partnership Initiative (NPI) and applying the new Agency-wide approach to measuring improved performance of new and underutilized partners through developing their organizational capacity. The Implementing Partner will be required to collect and analyze data related to the standard cross-cutting CBLD-9 indicator *Percent of USG-assisted organizations with improved performance*, as applicable. USAID will provide further guidance.

The MEL plan and annual implementation plan budgets must disaggregate planned funding for MEL, including data collection, analysis, and reporting to ensure that adequate resources are available.

The MEL Plan should include a comprehensive strategy for monitoring and reporting progress made towards activity purpose and results. The MEL Plan should contain the following required elements:

- activity purpose and results as well as brief description of the linkages between the activity outputs and its expected results;
- performance indicators and their descriptions;
- unit of data measurement;
- data sources;
- description of data collection methods;
- baseline information (year and value) or a timeline for collecting it;
- annual targets;
- disaggregation by sex, age, geographic locality, type of assistance, etc. as needed;
- rationale for indicator and target;
- reporting level;
- data limitations;
- schedule for data collection;
- names of individuals responsible for data collection;
- availability of data at USAID;
- detailed plans for data analysis, review, and reporting; and,
- Learning Section.

The Implementing Partner must prepare the Performance Indicator Reference Sheets (PIRS) for each indicator in its MEL Plan.

The MEL Plan for the PHS R&R activity will also be consistent with and meet the data collection needs of the PHS R&R Project MEL Plan, the USAID's Performance Management Plan (PMP), and the Mission's annual Performance Plan and Report (PPR).

For COVID-related activities and funding, PHS R&R will be expected to refer to the USAID Global Health C-19 Technical Guidance. For activities funded under USAID's Victims of Torture earmark, the partner will also be required to incorporate relevant standard indicators to be agreed upon after award.

Performance indicators should comply with the following criteria: direct, objective, practical, adequate, and useful in managing for results. MEL Plan data reporting should be based on the US fiscal year.

According to USAID regulations, performance indicator data reported externally, including annual Performance Reports sent to USAID/Washington, must have a data quality assessment (DQA). The purpose of the DQA is to ensure that managers are aware of the strengths and weaknesses of the data and the extent to which the data can be trusted to influence management decisions. DQA must be conducted within twelve months prior to reporting data to USAID for new indicators, and every three years thereafter. Conducting DQA on a rolling basis will reduce the burden of handling indicators all at once.

To be useful in managing for results and credible for reporting, USAID AOR and relevant members of the health team or a third-party contractor designated by USAID/Ukraine should ensure that the performance data meet the following five data quality standards: validity, reliability, timeliness, precision, and integrity. If performance data do not fully meet all five standards, the known data limitations should be documented. The AOR can combine a random check of partner data during a regularly scheduled site visit and include data quality items into site visit reports. This minimizes the costs associated with the DQA. When conducting a DQA, USAID AOR and relevant members of the health team or a third-party contractor designated by USAID/Ukraine will examine the data considering the five quality standards noted above, reviewing the systems and approaches for collecting data and whether they are likely to produce data of an acceptable quality over time.

When USAID AOR and relevant members of the health team or a third-party contractor designated by USAID/Ukraine conducts the DQA, this may entail site visits to physically inspect records maintained by the activity implementing partner. The activity USAID AOR and relevant members of the health team or a third-party contractor designated by USAID/Ukraine will document DQA findings, including decisions concerning data quality problems and steps identified to address them. The findings will be shared with the implementer and an action plan to address data quality issues will be developed with the AOR and relevant health staff. The AOR will follow up with the activity implementer to check progress on implementation of the action plan within the timeline outlined in the action plan against each action.

The MEL Plan is subject to final approval by USAID and is separate from the regular financial and other reports required by the standard Cooperative Agreement provisions.

USAID reserves the right to propose an activity implementer to integrate into the MEL Plan several indicators to help USAID measure the activity results.

USAID may elect to organize and carry out an independent performance evaluation of this activity. The activity implementer shall fully cooperate with USAID and the evaluation team to ensure that the evaluation accurately reflects activity results, outcomes, and/or impacts.

Collaborating, Learning and Adapting (CLA)

Implementing Partner is expected to contribute to USAID/Ukraine's commitment to a multi-faceted Collaborating, Learning and Adapting (CLA) approach to development. The CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative, test promising, new approaches in a continuous yet also rapid, targeted search for generating improvements and efficiencies, and build on what works and eliminate what doesn't.

Collaborating: Implementing Partner will coordinate with other USG partners, other donors, civil society, development partners, and the Government of Ukraine to support the Government of Ukraine in building a more resilient public health care system that will be better able to prevent, detect and respond to public health threats, sustain critical public health services during a crisis, and protect the health of all Ukrainians including vulnerable population groups. For Implementing Partner to succeed, it will employ a collaborative approach with other implementers including donors and international organizations working in public health sector and promoting the public health reform, and other stakeholders, including Ministries, local governments, and civil society development actors, exchanging knowledge, and ensuring complementarity rather than duplication of activities.

Learning: Implementing Partner will systematically and continuously review evidence from program implementation and external sources to inform program strategy, design, and management. Implementing Partner will generate evidence through program performance data, formative research to guide design of new interventions, periodic evaluations, and operational research - documenting and sharing results with stakeholders.

Adapting: Implementing Partner will translate learning from the implementation experience and external sources, while also considering changing conditions that impact achievement of expected results into strategic and programmatic adjustments throughout the course of the activity. A key feature of Implementing Partner will be its flexibility to rapidly adapt to changing environment and effectively support the Government of Ukraine in recovery and building a more resilient public health care system.

NOTE: The MEL Plan must be developed strictly in accordance with the criteria stipulated in ADS 201.

C. Program Evaluation:

Evaluation enables the Mission to account for success and failure, and to assist management decision making. Evaluation also offers the opportunity to learn from prior experience, identify the results of innovative approaches to problems, and inform future project design by recognizing prior successes or failures and drawing conclusions on the cause.

USAID/Ukraine intends to conduct at least one evaluation of the Public Health System Recovery and Resilience Activity. A mid-term program performance evaluation in FY 2024 or 2025 will inform the Mission on overall activity progress towards higher-level outcomes as well as any necessary course-correction in the second half of activity implementation. The Mission may elect to conduct a final performance evaluation of the Public Health System Recovery and Resilience Activity, or to include this Activity or components thereof in evaluating progress towards higher level project and/or strategy-level outcomes. Deviations in meeting performance indicator targets set up for intermediate results, as well as significant changes in the operating environment, could trigger unplanned performance evaluations of Public Health System Recovery and Resilience Activity. The activity implementer shall fully cooperate with

USAID and the evaluation team to ensure that the evaluation accurately reflects activity results, outcomes, and/or impacts.

Sample evaluation questions for the Public Health System Recovery and Resilience Activity may include:

- To what extent did the implementing partners(s) effectively collaborate to achieve the activity objectives, including building good governance and state capacity in the public health system?
- To what extent did the Activity contribute to mitigation and recovery from the consequences on the public health system and health of the population?
- To what extent did the Activity improve regional capacity for preparedness and response to public health threats?
- To what extent did the Activity strengthen the resilience of the population against public health threats? To what extent did partnerships with local government and civil society help and were essential in achieving sustainability of project efforts?
- To what extent did the Activity's mental health efforts contribute to the resilience of the population affected by the conflict eastern Ukraine? To what extent these efforts can be sustained by the GoU?
- What tools and approaches have been most innovative in advancing activity objectives?
- To what extent has the Activity advanced the overarching objective, four supporting objectives, and achieved the expected results?
- What Activity results will be (may be) sustainable without USAID support?

D. Annual Implementation Plans:

Annual implementation plans for subsequent years are due to the AOR 45 days before the end of the preceding award year (electronic copy). Annual Implementation Plans should include all the sections as the initial implementation plan discussed above. In addition, the subsequent annual Implementation Plans shall review the activities of the year that is ending, the activities that were implemented, the results achieved, and problems that existed and how they were resolved. These subsequent Annual Implementation Plans shall propose program adjustments to reflect any lessons learned.

The AOR will review the plan and provide comments and recommendations for changes no later than 30 days after receipt of the draft. The Recipient shall incorporate AOR comments and recommendations into the final version of the Annual Implementation Plan and submit it for AOR written approval within 15 days. After the Plan is finalized, the AOR will provide written approval. In addition, all substantial changes in the Implementation Plan require prior written approval of the AOR.

E. Performance Reports:

The Recipient shall submit quarterly (an electronic copy) to the USAID AOR, to be submitted within 30 calendar days of the end of the reporting period.

Quarterly reports should summarize progress during the previous quarter against the annual implementation plan, and noteworthy success and challenges, and include data on any relevant indicators from the MEL plan that are to be reported on a quarterly basis.

Quarterly reports shall summarize the outcomes of the Recipient's activities during the particular reporting period, document any program accomplishments or progress towards results during the reporting period, compare those results to the planned tasks in the Implementation Plans and Monitoring, Evaluation and Learning (MEL) Plan, and discuss any potential constraints that might prevent the Recipient from meeting agreed upon targets and benchmarks. Reports should also contain, as an attachment, a list of all subgrants issued under the award during the reporting period, information on study tours and their participants taken place during the reporting period and other relevant information. The list should contain the name and contact information for each subgrantee, the title and duration of the program, the amount of the award, and a brief description of the program. At least one success story which provides information that demonstrates the impact that the activity/program has had during the reporting period through materials such as narratives, quotes, photos and captions. Once approved by the Mission, these success stories shall also be submitted separately via the Agency's Telling Our Story website (http://www.usaid.gov/stories/). Note: the USAID/Ukraine Mission's Communications Officer can assist in editing stories prior to their posting on the website.

For any COVID supplemental funds obligated under this award, as applicable based on USAID AOR instruction, the partner will be requested to provide monthly summaries of results and estimated cumulative accruals as outlined in the USAID COVID-19 Technical Guidance, including any applicable indicator reporting.[9] Submissions will be due on the 15th of the following month or the next business day if the 15th falls on the weekend or a holiday.

F. Annual Performance Reports:

The Recipient shall submit annual performance reports (an electronic copy) to the USAID AOR in lieu of the second semi-annual report for each project year. The Annual Report shall be due by September 30 of each year.

The second semi-annual report of each award year will provide USAID annual data on the agreed upon performance indicators as well as any additional qualitative results information the awardee would like to include to demonstrate the results achieved vis-à-vis the project's objectives during that particular reporting period, and for the year as a whole.

Additionally, the Recipient will be expected to gather and provide data for USAID's Annual Report, Operational Plan, and periodic portfolio reviews.

G. Geospatial Reporting Requirements:

Activity Location Data

The Recipient must submit Activity Location Data to indicate the geographic location or locations where the activity is implemented according to the following requirements:

[9] https://docs.google.com/document/d/1HXmkcKCCAPlrEOhtyf8gHhyj-0Ev68XWAHpotZwa9zk/edit

I. Level of Geographic Detail

The activity location(s) must be recorded at the oblast level. When collected, latitude and longitude coordinates must be submitted in Decimal Degrees (hddd.ddddd) with at least five decimal places using the Geographic Coordinate System World Geodetic System 1984 (GCS WGS 1984) spatial reference.

II. Data Submission Frequency

Activity Location Data must be submitted twice annually as part of the 2nd Quarterly Performance Report and the Annual Report. If the Activity Location Data has not changed since the previous data submission, it must be indicated when the data is submitted.

III. Data Submission Method

Activity Location Data shall be compiled in the "General Info & Locations" worksheet in the Geographic Location Report Template (GLR) and submitted electronically. If Activity Location Data exists in a Geographic Information Systems (GIS) format: 1) it must also be submitted in a Shapefile (.shp) or GeoJSON (.geojson) file format; 2) use the Geographic Coordinate System World Geodetic System 1984 (GCS WGS 1984) spatial reference; and 3) include metadata ISO 19115 using the ISO 19139 XML implementation schema.

H. Final Report:

A final performance report (two hard copies and one electronic) will be required under this award. The Final Report is due 90 days after the award's completion date. USAID will review and comment within 30 days of receipt. The Final Performance Report shall contain the following information:

- Overall description of the activities under the program during the period of this Cooperative Agreement, and the significance of these activities;
- Description of the methods of assistance used and the pros and cons of these methods;
- Life-of-project results towards achieving the project objectives and the performance indicators;
- Analysis of how the indicators illustrate the project's impact (impact data will be supplied as approved in the M&E Plan and will be measured against projections);
- Summary the program's accomplishments, as well as any unmet targets and the reasons for them;
- Summary of challenges, issues and problems that emerged during program implementation and the lessons learned in dealing with them;
- Comments and recommendations regarding unfinished work and/or future needs and directions for assistance in Ukraine;
- Recommendations for what issues no longer require donor assistance;
- Possible lessons learned.

The Recipient shall submit the original and one copy of the USAID approved Final Report to the AOR and Agreement Officer and one additional copy shall be submitted to the Bureau for Program and Policy Coordination, Development Experience Clearinghouse PPC/DEC.

E-Mail all documents via the web at: http://dec.usaid.gov. Paper copies or non-electronic materials should be sent to:

Development Experience Clearinghouse
M/CIO/KM
RRB M.01
U.S. Agency for International Development
Washington DC 20523

The title page of all reports forwarded to USAID must include a descriptive title, the author's name, grant number, the project number and title, the grantee's name, the name of the USAID office, and the publication or issuance date of the report.

BRANDING STRATEGY AND MARKING PLAN:

It is a federal statutory and regulatory requirement (see Section 641, Foreign Assistance Act of 1961, as amended and 2 CFR 700.16) that all USAID programs, projects, activities, public communications, and commodities that USAID partially or fully funds under a USAID grant or cooperative agreement or other assistance award or sub-award must be marked appropriately overseas with the USAID identity. In accordance with ADS 320.3.3 Branding and Marking Requirements for Assistance Awards USAID's policy is that programs, projects, activities, public communications, or commodities implemented or delivered under co-funded instruments – such as grants, cooperative agreements, or other assistance awards that usually require a cost share – generally are "co-branded and co-marked."

The Apparently Successful Applicant will be required to submit a branding strategy and marking plan for the Agreement Officer approval prior to award. The applicant may request a presumptive exemption to marking requirements established in 2 CFR 700.16. More information on Branding strategy and Marking plan are available at https://www.usaid.gov/branding/assistance-awards.

The branding strategy and marking plan will become a material element of the cooperative agreement. Information on USAID's branding "assistance" applies to this NOFO. ADS Chapter 320 sections concerning "acquisition" do not apply to this NOFO. ADS Chapter 320 can be found on USAID website: http://www.usaid.gov/policy/ads/300/320.pdf.

When requesting a Branding Strategy and Marking Plan, the Agreement Officer will establish a reasonable time frame for submittal, review, and negotiation. If the Apparently Successful Applicant(s) fail(s) to submit or negotiate an acceptable Branding Strategy within the time specified by the Agreement Officer, that/those applicant(s) become(s) ineligible for award.

The Agreement Officer will review the proposed Branding Strategy and Marking Plan for adequacy to ensure that it complies with the Agency branding and marking guidance that can be found at http://www.usaid.gov/branding/ and at http://www.usaid.gov/policy/ads/300/320.pdf .

Applicants need to include anticipated costs for branding strategy and marking plan in the budget and describe these costs in detail to the degree possible in the budget narrative. The Agreement Officer will ensure that any estimated costs associated with branding and marking are included in the Total Estimated Amount of the grant or cooperative agreement or other assistance award.

Pre-Award Terms for the Branding Strategy and Marking Plan are provided in Annex 2 of this NOFO.

ENVIRONMENTAL COMPLIANCE:

1) 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. Applicant's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this NOFO.

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

3) 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.")

4) A Request for Categorical Exclusion (RCE) number **DCN: DCN: 2021-UKR-052** (Annex 1 of this NOFO) has been approved for the Activity funding this NOFO. It will cover program activities through **March 2027**. USAID has determined that a **Categorical Exclusion** applies to all activities discussed in the Section I, Program Description, of this NOFO.

5) As part of its initial Implementation Plan, and all Annual Implementation Plans thereafter, the Recipient, in collaboration with the USAID Cognizant Technical Officer 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.

6) 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.

7) 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.

Applicants need to account for resources required for implementing and monitoring the environmental compliance activities in the technical application and in the budget and describe associated costs in detail to the degree possible in the budget narrative.

SPECIAL AWARD REQUIREMENTS:

FOR U.S. ORGANIZATIONS

Special Award Requirement Relating to the Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (November 2020)

USAID has been granted a temporary waiver under Section 889(d)(2) that will allow the recipient to use award funds through September 30, 2022, to procure certain telecommunications and video surveillance services or equipment as specified in 2 CFR 200.216. Based on this waiver, all costs incurred for covered telecommunications and video surveillance services or equipment will be allowable through September 30, 2022, without regard to the cost principle at 2 CFR 200.471. Procurements made on or after October 1, 2022, will be unallowable in accordance with 2 CFR 200.471.

[End of Special Award Requirement]

FOR NON-U.S. ORGANIZATIONS

Special Award Requirement Relating to the Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (November 2020)

USAID has been granted a temporary waiver under Section 889(d)(2) that will allow the recipient to use award funds through September 30, 2022, to procure certain telecommunications and video surveillance services or equipment as specified in the standard provision "Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (AUGUST 2020)." Based on this waiver, all costs incurred for covered telecommunications and video surveillance services or equipment will be allowable through September 30, 2022, without regard to the standard provision "Allowable Costs" and the cost principle at 2 CFR 200.471. Procurements made on or after October 1, 2022, will be unallowable in accordance with the standard provision "Allowable Costs" and 2 CFR 200.471.

[End of Special Award Requirement]

[END OF SECTION VI]

SECTION VII – AGENCY CONTACTS

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

Any questions or comments concerning this NOFO must be submitted in writing by emails to llomonosova@usaid.gov and bwoody@usaid.gov by the deadline for questions indicated at the top of this NOFO's cover letter.

[END OF SECTION VII]

SECTION VIII – OTHER INFORMATION

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

ANNEXES:

ANNEX 1 - Request for Categorical Exclusion (RCE) DCN: 2021-UKR-052 (ATTACHED)

ANNEX 2 – Pre-Award Terms (ATTACHED)

ANNEX 3 – SF-424 (Application for Federal Assistance) (ATTACHED)

ANNEX 4 – SF-424A (Budget Information – Non-construction Programs) (ATTACHED)

ANNEX 5 – SF-424B (Assurances – Non-Construction Programs) (ATTACHED)

[END OF NOTICE OF FUNDING OPPORTUNITY]