USAID | HAITI
FROM THE AMERICAN PEOPLE

Issue Date: June 29, 2018
Deadline for Questions: July 13, 2018 - 3:30 PM Haiti Time
Closing Date: August 15, 2018
Closing Time: 3:30 PM Haiti Local Time

Subject: USAID/Haiti Notice of Funding Opportunity Number: 72052118RFA00005

Program Title: Health Leadership Project (HLP)

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a cooperative agreement from qualified U.S. and Non-U.S. organizations to fund a program entitled "Health Leadership Project". Eligibility for this award is not restricted; see Section C of this NFO for eligibility requirements.

Subject to the availability of funds, an award will be made to that responsible applicant(s) whose application(s) best meets the objectives of this funding opportunity and the selection criteria contained herein. While one (1) award is anticipated as a result of this notice of funding opportunity (NFO), USAID reserves the right to fund any or none of the applications submitted.

For the purposes of this NFO the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer". Eligible organizations interested in submitting an application are encouraged to read this funding opportunity thoroughly to understand the type of program sought, application submission requirements and evaluation process.

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

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

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

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

Thank you for your interest in USAID programs.

Sincerely,

Adam Cox
Agreement Officer

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS USED IN THIS NFO

ADS	Automated Directive System
AO	Agreement Officer
AOR	Agreement Officer Representative
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
DAB	Department of Administration and Budget
DFPSS	Department of Administration and Budget
GFATM	Global Fund to Fight AIDS, TB and Malaria
GFF	Global Financing Facility
G2G	Government-to-Government
GOH	Government of Haiti
HIS	Health Information System
HRH	Human Resources for Health
HSS	Health Systems Strengthening
IR	Intermediate Result
MDG	Millennium Development Goals
MSPP	Ministry of Health and Population (Ministère de la Santé Publique et de la Population)
NGO	Non-governmental organization
NICRA	Negotiated Indirect Cost Recovery Agreement
NFO	Notice of Funding Opportunity
PNS	National Health Strategy
RBF	Results-Based Financing
UADS	Decentralization Unit
UEP	Department of Evaluation and Planning
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USG	United States Government
WB	The World Bank
WHO/PAHO	Pan American Health Organization

SECTION A: PROGRAM DESCRIPTION

I. INTRODUCTION

The Government of Haiti (GOH) is committed to providing universal health coverage (UHC) and improved achievement of specific health outcomes, such as maternal and child health. USAID/Haiti seeks to make a five-year award to provide technical assistance to the Ministère de la Santé Publique et de la Population (MSPP) in increasing its effective and efficient management of necessary financial and human resources for the health sector. A highly-qualified implementing partner will be selected to work in close collaboration with USAID/Haiti, the MSPP, the Ministère de l'Economie et des Finances (MEF), and other partners and stakeholders such as bilateral and multilateral organizations, the private sector (local and expatriate), civil society, and Parliament. The implementing partner would support the MSPP both at the central and departmental levels, in efforts to advance two interrelated objectives:

- Support the GOH in increasing its ability to finance the health sector through more effective and efficient use of existing resources and by mobilizing additional resources
- Support the GOH in improving planning and oversight of the health workforce

This envisioned technical assistance is in alignment with the GOH's Plan Directeur de Santé 2012 - 2022,[1] the USAID Haiti Strategic Framework[2], the USAID Foreign Assistance Framework[3], USAID's Vision for Health Systems Strengthening[4] and the Global Financing Facility (GFF) investment model. At the end of the award period, the GOH will have identified bottlenecks in the health system and taken measures to rectify them, organized health sector stakeholders and investments around a country-led platform, built an investment case for the health sector, and built high level political support for increased health sector resources. The proposed award, the Health Leadership Project (HLP/the Project), will build on current technical assistance supporting the GOH in developing a national Human Resources for Health (HRH) Strategy and a roadmap for increasing health financing, as well as improving public health governance. The Health Finance and Governance (HFG) Project currently supporting this work is scheduled to end in September 2018. The work undertaken through this award will complement USAID/Haiti's support to health information systems, health service delivery, and health supply chain.

II. BACKGROUND

Context

Despite areas of progress, Haiti was unable to meet its United Nations Millennium Development Goals (MDG) targets for the health sector, and life expectancy remains well below the regional average (62 years compared to 76). Roughly 40 percent of the population lacks access to essential health and nutrition services; only 45 percent of all children 12-23 months old are fully vaccinated, and 22 percent of children under 5 years old are stunted. HIV/AIDS and Tuberculosis remain among the leading causes of mortality among adults, while treatable infections and complications at birth, many of them preventable, are leading causes of death among children under five years.[5]

Complex challenges within the health system contribute to these outcomes, including lack of governance and coordination, financial barriers to accessing health services, and a shortage of qualified health workers. The 2010 earthquake further deteriorated the already struggling health system. That single event demolished 50 health centers and many health workers and students perished. Natural disasters are frequent in Haiti and the country's first cholera outbreak, which began only months after the earthquake and continues to this day, further challenges the already weakened system.

Poor governance, corruption, political instability and frequent leadership changes, a stalled decentralization process, entrenched political and economic elites, and natural disasters have long prevented Haiti from reforming the health sector. In the absence of well-functioning institutions and enforceable legal norms, many basic services such as schooling, health, and infrastructure, are largely provided by non-governmental organizations (NGOs) and international donors, bypassing the GOH. This has created parallel, unsustainable systems that take pressure off of the GOH to improve its performance, generate revenue and be accountable to citizens for the provision of essential services.

Most financial, technical, and in-kind support to the health sector is provided through the U.S. Government - including USAID and the Centers for Disease Control and Prevention (CDC), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the United Nations Population Fund (UNFPA), and the World Bank. Their partners and other third parties--typically NGOs and international organizations (IGOs)--are the primary providers of health-related care. These organizations include those that formally work with the public system, as well as an unknown number of charitable organizations working independently throughout the country. Challenges to the financial, technical, and in-kind support to the health sector can be found in the following areas:

Health Governance: The plethora of institutions working in Haiti in large part operate under their individual mandates and agendas, a reality which strains government resources and presents competing demands. Two main mechanisms to coordinate these

efforts are the Country Coordinating Mechanism (CCM) for GFATM grants[6], and the government-led *Coordination de l'Aide/Tables Sectorielles*[7]*.* Several factors impede good governance in health and other sectors, including:

- Absence of a strongly identifiable social contract between the GOH and its citizens;
- Lack of understanding in the public about the functions and operations of the GOH, its political subdivisions, and agencies;
- Few platforms for civic engagement;
- A need to rationalize the health sector workforce;
- Political instability and frequent leadership changes at the national level, which disrupt the trajectory of key reforms;
- Lack of adherence to strategic frameworks; and
- Donors, NGOs, and for-profit entities who attempt to fill gaps, resulting in efforts that are often poorly coordinated.

The private sector actors in the health sector--ranging from organizations providing health services to professional associations for health professionals--often also lack effective governance within their organizations. Civil society engagement in health advocacy and reforms, such as the currently applicable National Health Strategy (Politique Nationale De Santé, 2016 – 2030) (PNS)[8], has also been weak. However, the need for such a role is great, given high levels of corruption in both public and private sectors, which has a record of worsening after emergency responses. International actors are developing community-based NGO 'watchdogs' and community radios across the country to help improve transparency and accountability within the health sector. USAID/Haiti has also provided training to Haitian journalists to strengthen communications related to public health to further these efforts.

Health Finance: The GOH faces challenges in making efficient use of insufficient health sector funding. GOH allocations to the public health sector have remained extremely low. Public expenditure for health represents only about six percent (6%) of the national budget, and in 2016, MSPP spent only 89 percent of its given budget. This under-spending is not uncommon and poses a challenge to advocates seeking increased public resources for the sector. Donors pay for most of the health commodities which are available in the country, as well as the salaries of medical staff. In contrast, more than 67 percent of the GOH's public health budget is spent on salaries for predominantly administrative staff. Additionally, there is not enough funding for operations, capital improvements, or routine health infrastructure maintenance.

Eight years post-earthquake, donor resources are decreasing, and with no increase in the health budget, the burden is left on the people to pay for care. Haitians are increasingly paying out-of-pocket for health care, and catastrophic health expenditures that drive families into further poverty are on the rise. There is a small level of private health

insurance, accounting for about 4 percent of health financing, and a smaller social health insurance scheme for the formal sector, covering about 1 percent of the population.
The GOH must not only dedicate more public spending toward the health sector, but also ensure that existing health funds are used in an efficient and effective manner. This is a challenge that goes beyond the health sector, to the government's challenges in taxation and resource generation in general. Additionally, off budget funds are not pooled or coordinated sufficiently around a shared platform in order to maximize their impact. In addition, the World Bank Group's Better Spending, Better Care: A Look at Haiti's Health Financing, discusses the inefficiencies of focusing on higher levels of health care and the need to focus more on primary and community health care.[9]

Human Resources for Health: Attracting and retaining qualified health professionals is a chronic struggle, with as few as 6.5 health professionals per 10,000 people. Just 12 percent of the health workforce is based in rural Haiti, where 50 percent of the population lives. This reflects weaknesses in human resources management and an insufficient supply of qualified health workers.

USAID/Haiti's support for health governance, financing and human resources is focused in the following areas:

Health Governance: USAID/Haiti works directly with several of the private sector organizations providing services throughout Haiti. In many cases, these organizations are USAID implementing partners. As the largest bilateral donor in Haiti, USAID is active in the *Table Sectorielles* and supports MSPP in its efforts to strengthen donor coordination through this mechanism. USAID/Haiti also provides support to strengthen the GFATM CCM--which is composed of the GOH, donors, civil society, people affected by the three diseases, and others--to strengthen its role in application for and oversight of the GFATM awards.

Health Finance: USAID/Haiti, in cooperation with other international organizations such as the World Health Organization (WHO), the World Bank, and the Canadian Embassy, provides technical assistance to the MSPP Department of Evaluation and Planning's (UEP) to support their efforts to develop a national health financing framework. Such a framework will focus on resource mobilization, risk-pooling, financial protection, purchasing services, and provider payment. This aligns with the PNS and aids progress toward universal health coverage.

USAID/Haiti also works with the MSPP and the World Bank on financial management through the Results-Based Financing (RBF) initiative. This initiative fosters the MSPP's accountability and stewardship of health resources flowing from the central level to facilities. This includes a Government-to-Government (G2G) mechanism where USAID finances incentives payments to sites for achievement of a range of selected indicators, in accordance with site level business plans. USAID/Haiti transfers money to MSPP each quarter, once it submits a request based on verification that selected facilities have met required criteria to make them eligible for a results-based payment. Technical assistance

from other USAID/Haiti partners in financial management complements the G2G mechanism. This support includes helping the MSPP develop a RBF training manual, RBF operations manual, RBF monitoring plan, and an initial five-year roadmap for the national RBF strategy. USAID/Haiti partners also work in the service delivery sites participating in the RBF, and USAID/Haiti contracts a third-party verification agent who validates site level results and advises MSPP on RBF reimbursements.

USAID/Haiti has been providing technical assistance to participating health facilities for costing and business plan development and to the MSPP Direction de l'Administration et du Budget (DAB) to improve the use of accounting systems, policies, and procedures. If the work succeeds, major tertiary hospitals will be able to structure their costs to ensure sustainable financing and efficiently manage their day-to-day activities. MSPP will also be able to use this process to derive cost estimates for other types of hospital services.

Human Resources for Health: USAID/Haiti supported the Human Resources Directorate (DRH) in MSPP in conducting an evaluation of the HRH information system for both the public and private sectors. The information system assists MSPP in identifying workforce gaps and helps them to plan accordingly. Further assistance put MSPP in the lead as the first ministry to implement civil service reforms that aim to improve management and human resource processes. USAID/Haiti has enabled the government to start collecting key HRH statistics in line with WHO standards. USAID/ Haiti has also been helping the GOH in developing the national Human Resources for Health (HRH) Strategy.

In efforts to ensure the quality and capacity of students coming out of pre-service institutions, USAID has been supporting MSPP's '*reconnaissance*' initiative (accreditation and rationalization of private nursing educational institutions) and working with the *Direction de la Formation et du Perfectionnement des Services de Santé* (DFPSS) on the accreditation process of the nursing schools. Haiti now has a functioning system for recognizing the attainment of minimum standards for its private nursing schools.

Reference Materials

The following materials utilized in the design, development, and implementation of the Health Finance and Human Resources for Health Strategies and the Results Based Finance pilot (see Annexes for the full documents) are included for reference purposes -

(1) Evaluation of Human Resources of Public (September 2014) and Private (September 2016) Health Institutions-2 (September 2016)[10]; MSPP's Directorate of Human Resources, with HFG support, conducted nationwide, facility-level surveys of health workers in the public and private sector, which allowed MSPP to better identify and address workforce gaps.

(2) Haiti HRH Situational Analysis (June 2017)[11]; the analysis of human resources for health in Haiti concerns aspects of governance and leadership, the regulation and oversight framework, tools and mechanisms of management, production, acquisition,

maintenance/loyalty, professional development, motivation; financing and the framework of follow-up-evaluation. A diagnosis from the World Alliance of Health Personnel (AMPS) indicated a density of 0.36 health professionals (doctors, nurses and midwives) per 1,000 inhabitants, far behind the WHO standard that recommends a minimum of 2.5 / 1000. Two later evaluations conducted by the Ministry of Health Human Resources Directorate (DRH/MSPP) with the support of USAID in the public sector (ERHIS 1) and private sector (ERHIS 2) demonstrated similar results and established there to be a gap of 20,259 health professionals in the country.[12]

(3) "Vision Combined with Action" – Haiti's Health Financing Conference (2015)[13]; Analysis of the challenges related to health financing and identified mid- and long-term health financing options; the International Conference on Health Financing in Haiti, held in Port-au-Prince on April 28 and 29, 2015, demonstrated the will of MSPP to bring together optimal conditions for developing a health financing strategy (stratégie de financement de la Santé, SFS) in Haiti that is consistent with the national health strategy (Politique Nationale de Santé, PNS) and in line with the goal of progressively reaching Universal Health Coverage (UHC). This conference, the first of this size, reached its expected goal, which was primarily to involve and engage primary stakeholders in the process and to create the necessary impetus for moving forward.

(4) Health Financing Situational analysis (January 2015); the situational analysis employed a review of literature, existing data sources, focus group discussions, and interviews with stakeholders of the health system in their institutional and geographic diversity. The most important findings included: health financing in Haiti marked by a post-earthquake context where international rebuilding efforts have had a major impact; the presence of many actors with different approaches complicates the aim of government to guide the system; and external support often falls outside the control of MSPP.[14]

(5) Draft of Human Resources for Health Strategy (Ebauche Haiti Plan Stratégique de Développement des Ressources Humaines pour la Santé 2030[15]); this draft strategy document provides a framework for MSPP to develop rationalization mechanisms and tools to sustainably, quantitatively and qualitatively improve the availability of resilient, motivated, well-supported and well-distributed HRH at all the levels of the health pyramid.

Additional data from comparable projects and other relevant sources may be available to supplement these analyses, as required.

Alignment with GOH and USG priorities

HLP aligns with GOH strategies to improve health outcomes in the country. The principal document defining the strategies that the MSPP will follow is the PNS. The PNS identifies the structural and programmatic weaknesses that the Haitian government seeks to addresses in the current Administration.

The mandate of the MSPP is to ensure the reduction of morbidity and mortality related to the main health problems, based on an adequate, efficient, accessible, and universal healthcare system. Specific objectives of MSPP related to this project include:

- Ensure total health coverage of the country and meet the basic health needs of the population while promoting the articulation of modern and traditional medicines.

- Apply health regulations and accredit health and social training institutions.

- Ensure adequate financing for the health system, based on the gradual increase in the percentage of the budget of the public treasury allocated to health.

- Rationalize the use of resources by achieving alignment between donors and national priorities within the framework of a partnership based on performance and accountability through the establishment of a system of Results-Based Financing.

In support of these GOH priorities, HLP shall utilize the following approaches described in the *USAID Vision for Health Systems Strengthening, 2015-2019*[16]:

> **Health governance:** USAID invests in health governance in countries to promote robust oversight that curtails corruption and expands accountability and transparency for health activities and results in the public and private sectors. This includes developing sustainable country capacity in transparent and accountable law, regulation, policy, planning, leadership, and management to advance shared goals in national agendas; building capacity of civil society and private sector for a stronger voice and better advocacy to increase government transparency and accountability; and engaging a new generation of health systems leaders.
>
> **Health finance:** USAID ensures that countries mobilize sufficient resources to pay for health needs, effectively pool resources to foster efficiency and equity, and purchase packages of high-quality, high-impact services. This includes increasing domestic resources and instituting preferential public financing for the poor.
>
> **Human resources for health:** USAID enables partner countries to have a technically competent, well-deployed health workforce that provides essential services in accordance with standards in a timely, patient-centered manner. This includes developing and implementing models for addressing special human resources for health needs in countries like Haiti; conceiving and adapting effective models for transformative education and maintenance of skills/competence; and improving public sector stewardship and leadership.

HLP will also incorporate a focus on local solutions. The Project may broaden the range of collaborators including private sector actors, such as professional associations, to advocate for

health and coordinate services. The Project may explore public-private partnerships that leverage resources and expertise to expand the reach and impact of the health system.

III. USAID'S PLAN FOR ACHIEVING RESULTS

HLP will strengthen the GOH as steward of the health sector, increasingly in control of its own financial and human resources, over a coordinated system that is less reliant on external partners for equitable delivery of quality health services. In essence, the Project will enhance the capabilities of Haitian partners to direct their own development and reduce dependence on outside sources. In order to achieve this goal, close collaboration with the GOH, relevant USG entities and implementing partners, and international stakeholders is needed. HLP is expected to build upon the successes of recent support for strengthening governance, human resources for health, health financing and advocacy for greater domestic resource mobilization for the health sector. The HLP implementer will conduct activities within two interrelated objectives:

Objective 1: Build Government of Haiti capacity to lead and finance the health sector

Improvements to GOH's governance capacity and an increase in domestic resources for the health sector should equip the GOH with the necessary financial resources as well as the skills and supportive policy environment to fulfill its role in ensuring access to quality health providers, products, and services. These improvements should also assist the GOH to be more efficient with resource use and put it in a better position to guide donor investments. The results below describe USAID/Haiti's vision for what HLP can achieve.

Result 1: Sustainable financing for health increased

HLP will be USAID/Haiti's key activity to support the GOH in developing concrete and actionable domestic resource mobilization for health strategies. Such strategies will support advocacy efforts for greater allocation of domestic resources to the health sector and ensuring that new funding allocations are sustained and institutionalized. HLP will also support development and implementation of the GOH's financing framework (or platform). The financing framework will lay out a way forward for the three components of health financing: resource mobilization, risk pooling, and resource allocation and purchasing. The GOH is committed to improving health financing in order to net sufficient funding to meet population health needs without causing financial hardships. This means creating financial protection to avert financial catastrophe, especially for the poor, women, girls, and people with disabilities, as well as using resources more efficiently and effectively. This may also help lay the foundation for the Haitian Administration's goal of establishing a universal health insurance program. The existence of a health financing framework will help the GOH regain its leadership role in financial planning, management, and advocacy.It will also provide a tool for increased advocacy efforts for greater funding to the health sector with stakeholders such as Parliament and the MEF.

Financial sustainability includes optimized and efficient resource leveraging. Though donor resources have been declining, they are still expected to be significant through the life of and beyond HLP. Therefore, part of providing support for sustainable financing is working with

MSPP and its partners to determine optimal utilization of the diverse resources available to them. This Project will help put plans into practice. This includes provision of technical assistance to the GOH in the development and socialization of operational guidance, development of context-specific financing schemes to increase underserved populations' access to quality services, costing of services, development of revenue generation structures and practices, and other interventions to support the GOH in implementing the framework.

Result 2: Public financial management (PFM) improved

The RBF pilot has shown that existing public financial management processes were not geared towards efficient financial flow. Information system and monitoring mechanisms were not aligned to verify clinic performance. These weak spots also contribute to MSPP's inability to expend its annual budget in full. HLP will build on support to MSPP to improve RBF implementation, which provides a unique opportunity for MSPP and USAID to identify and address PFM weaknesses in real time and to learn-by-doing, while managing small amounts of funding. This tests the system's fiduciary responsibility, allowing for identification of challenges and opportunities for capacity building. HLP will continue to strengthen financial management skills in the Direction de l'Administration et du Budget (DAB) and systematize financial management professional development in MSPP from the central level and throughout the system.

HLP will work to improve financial regulations, capacitate MSPP to manage and monitor the timeliness of the disbursement of funds for planned health system operations, and collaboratively resolve bottlenecks with key stakeholders. By the end of the Project, public health facilities and MSPP at the central and department levels will manage more of their own resources. In MSPP's Planning Unit, UEP, the focus is on building MSPP's capacity to effectively plan its activities and track health resources. The Project will work with MSPP to develop standardized norms and policies to strengthen MSPP oversight of development assistance from various donors. Success in these efforts will build the capacity that the GOH needs to become Parliament's trusted steward of health resources.

Result 3: Governance and Accountability improved

HLP will build capacity of MSPP to govern the health system at all levels. The objectives are to build GOH capacity to develop policies and procedures, regulate, manage, and monitor health system functions. By the end of the Project, MSPP will be more accountable to and transparent with the public and partners in its use of resources and, citizens, private sector organizations, and government at all levels will engage more effectively with each other. Layers of government, along with the USAID and partner agencies in Haiti, will improve their collaboration in health. The GOH will institutionalize policies, procedures and regulations pertinent to health. Health policies will better reflect the health needs of vulnerable and marginalized groups.

With technical assistance from HLP, MSPP will lead donor coordination with mutual responsibility and accountability and strengthen its role as steward over the health and well-being of the population. Building upon work USAID/Haiti has supported for the CCM and utilizing the *Table Sectorielles,* HLP will help MSPP in its ambition to lead and improve donor and partner coordination, as well as coordination among the Directorates within MSPP. Standardized tools and processes to improve the operations of the whole health system may foster a more coordinated and harmonized approach to health service delivery.

HLP will build GOH capacity to reform and revise policy frameworks and regulations for planning and management of health institutions/services, including private sector partners, with clearly defined rules, roles, relationships, and distribution of resources for better results. HLP will strengthen mechanisms for engagement with civil society organizations and community leaders to make the health system more transparent and accountable. The GOH will communicate key health issues to internal and external stakeholders to garner trust and collaboration in making improvements.

HLP will collaborate with implementing partners of USAID/Haiti's Democracy, Rights and Governance Office to address issues that cut across technical silos, fostering conditions for better coordination and collaboration within health departments and externally with donors, and the private sector.

Illustrative indicators for Objective 1:

- Percentage of government health budget expended
- Percentage of planned RBF funds expended
- Number and dollar value of service contracts transferred from donors to MSPP
- Percentage of USG-supported sites maintaining auditable monthly financial reports
- Percentage of GOH entities (national, departmental, local) that meet defined standards of good management of health services
- Number of community-based organizations that formally participate in health decision-making at the national, department, and local level
- Percentage change in governance and accountability index for key functions
- Number of donor/implementing partner interventions aligned to the National Health Policy

Objective 2: Improve Government of Haiti planning and oversight of the health workforce

Investments in governance of the health workforce should enable the public system to become more cost-effective, responsive, and able to achieve better health outcomes, because leadership will know and actively ensure and monitor the placement of the right number, cadre, and quality of staff for each setting. The results below describe USAID's vision for what HLP can achieve.

Result 1: GOH health workforce leadership increased

Building on USAID's current work, HLP will support the GOH in implementing the new HRH Strategy. This will include working with the GOH to develop profiles, classifications, qualifications, and strengthening the required performance management systems, especially for the health workforce most critical to delivering MSPP's approved Essential Package of Services (EPS). HLP will also support plans to transition health worker salaries from USAID to MSPP or private sector partners.

The Project will also support the GOH in its goal of developing a community health worker (CHW) program. It will prepare the GOH to absorb the cadre by the end of implementation, as it will possess the necessary precursors for CHW and other cadres, such as having an oversight/supervisory structure, projections of staff needs, a workforce in the pipeline at training institutions, and ready-to-implement costed strategies to improve retention. It is anticipated that the costs and management of the cadres will be absorbed by the GOH HRH framework. HLP will perform this work in close collaboration with the USAID/Haiti Health Service Delivery Project, which is presently responsible for training and financing of the majority of Haiti's CHW workforce. Collaboration with other donor-funded activities employing health workers is also encouraged.

Result 2: Distribution of the health workforce improved

The costed HRH Strategy, including the proposed CHW program, will include goals for provider population ratios. HLP will provide support to improve planning for distribution of health personnel and personnel management to increase coverage and productivity, including continuing to build the capacity of the MSPP Decentralization Unit (UADS) to strengthen the decentralized functions of the departments. HLP will build on USAID's support to the GOH in developing fit-for-need targets and costed action plans towards a more equitably distributed workforce. As two of the greatest challenges to workforce are distribution in rural areas and that doctors leave Haiti after finishing their training, HLP will support innovative approaches to fill gaps in underserved areas. This may include activities such as a labor market analysis for the health workforce, which would help to better understand the drivers that motivate health workers.

Illustrative indicators for Objective 2:

- Provider: population ratios disaggregated by cadre and geography
- Percentage of health workers employed by GOH and Civil Society Organizations (CSOs) disaggregated by cadre and geography

- Percentage of health workers paid by GOH and CSOs disaggregated by cadre and geography
- New entries into the health workforce under GOH and CSOs disaggregated by cadre and geography
- Retention of health workforce in GOH and CSOs
- Number of new tools designed and used for HRM purposes within the MOH platform
- Percentage of national health budget allocated to human resources development and management annually

IV. COORDINATION

HLP will coordinate with and build upon previous achievements of USAID mechanisms working on health systems strengthening and health service delivery. In collaboration with USAID, HLP is expected to play a lead role in coordination of approaches between all USAID-supported health activities and the health systems strengthening efforts of other donors to ensure efficiencies are gained and that best practices identified across different mechanisms combine to maximize results. These activities include:

- Health Finance and Governance (HFG) is presently implementing activities that HLP will build upon. USAID/Haiti is planning for an overlap period with HFG while HLP gets started to enable a smooth transition for MSPP. HLP is expected to consult with HFG on its experiences in implementation of preceding activities, apply lessons learned, and continue with already approved strategies.

- Strategic Health Information System (HIS) Project is supporting the GOH to integrate multiple health information systems and building its capacity to effectively manage remaining systems and ensure use of data in decision making to plan, manage, and monitor health program resources and patient outcomes. It is also working with GOH on development and implementation of an e-health policy.

- GHSC-PSM is USAID's vehicle to support MSPP in developing a single supply chain system (SNADI) and to unify the various supply chains into one. This includes improving the Logistics Management Information System and supporting the warehouse consolidation.

- GHSC-PSM procures and delivers a significant proportion of health products in the public and private health system.

- Health Service Delivery: USAID's flagship, five-year (2018-2023), integrated Health Service Delivery (HSD) Project, Santé, works to improve the health status of communities across Haiti. It works in close collaboration with MSPP both at the central and departmental levels to advance two interrelated objectives:

(1) Increase utilization of quality, essential health services in line with MSPP's approved Essential Package of Services (EPS) both at primary health care facilities and at the community level; and,
(2) Strengthen local management and operational capacities to deliver health services. While HLP will strengthen management of the RBF program, HSD works in the participating facilities and is therefore a key partner in its success.

- HLP should liaise with the RBF verification agent to identify and respond to facility-level governance and financial management issues that are uncovered in the verification process.

- HLP should work with USAID's Democracy and Governance (DG) partners to ensure alignment of methodologies and leverage resources. USAID/Haiti's DG programs work across ministries to improve the responsiveness of the government to citizen needs. There is also a DG partner working with Civil Society and Media to improve advocacy capacity. HLP can work with the partner to include health advocacy themes and engage health CSOs such as professional associations in the DG project's activities.

Other donors and their partners also play a key role in the success of HLP. Canada has a large, ongoing program working with municipal governments in the Ouest Department, mayors' offices, the Boards of Communal Sections (CASECs), Assemblies of Communal Sections (ASECs), and the Ministry of Interior and Territorial Collectivities (MICT). The World Bank, the Inter-American Development Bank (IADB), Canada, and other donors work with the Ministry of Economy and Finance (MEF), Ministry of Planning (MPCE), and the Superior Court of Auditors and Administrative Disputes (CSCCA) to strengthen capacity in areas of budget, treasury, and internal and external audits. The European Union State Building Contract has three components: policy dialogue, institutional capacity building, and budget support. The program supports public financial management, public administration, and education. The World Bank will continue to strengthen performance-based contracting capacity at MSPP. The Canadian International Development Agency has also been, and will continue to be, a collaborator with USAID and the GOH on human resources for health. HLP, in collaboration with USAID, will need to stay abreast of the activities of other donors to avoid duplication and optimize opportunities for leveraging resources.

V. GUIDING PRINCIPLES

USAID/Haiti places emphasis on the following principles across its portfolio.

Local Solutions

HLP will align with USAID's focus on local solutions and assistance to the government to strengthen the areas where there are gaps. In essence, the project will enhance the capabilities of Haitian partners to direct their own development and reduce dependence on outside sources. Strategies should align to the resources and priorities Haitians express. Activities will foster national and local ownership of outcomes. While HLP focuses on strengthening the public sector, as the ultimate leader of the health sector, the local private sector and civil society will contribute to its success. Local public and private sector partners have already demonstrated the capacity to provide needed technical services through existing activities.

The Government of Haiti (GOH) sets the priorities for the Haitian health sector; however, much of the financial and technical support for achieving the priorities is supplied by external donors. This project represents a continuation of the pivot from a donor-dependent health system to a system supported by domestic resources. By aligning HLP's approaches with the policies and priorities of the GOH, the project responds to local demand and the GOH's desire for long-term improvements to the system, so that after five years of implementation, the GOH will be in a better position to take on responsibilities that donors currently assume.

HLP will collaborate with USAID activities that are strengthening the GOH's capacity to use and manage its *Systeme d'Information Sanitaire Nationale Unique* (SISNU) and SNADI, the unified supply chain, which have been designed to reduce the number of externally-managed health information and logistics systems. Officials from MSPP and the regional offices of the Ministry, as well as staff from hospitals and health centers, have an interest in ensuring that the systems continue to operate after the project ends. MSPP and its staff benefit from more efficient and effective systems, a broader sense of empowerment and incentives that are better aligned with what drives their performance.

The people of Haiti express frustration with their country's dependence on donor funding for health and other development sectors. This project responds to their desire to see a stronger administration that fulfills a social contract with the population to ensure access to, and coverage of, essential health services. While the work of HLP may not be directly visible to the population, improved access to health workers will be, as will improved transparency of what the government is doing with its resources.

Resilience

HLP will consider resilience, which USAID defines as the "ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth," in the development of its approaches. The applicant should consider resilience of the broader health system in terms of contingency plans, management structures, and resource distribution. Health financing schemes should consider household level resilience that mitigate risks for those most vulnerable to catastrophic health expenditures. Governance capacity-building interventions should consider the foundations of resilience - risk mitigation, preparedness, and response.

Flexibility

The development, political, and physical climates will change throughout the life of this project. For example, national elections and any resulting changes will take place in Haiti midway through implementation and could lead to changes in counterparts and priorities. The HLP implementer will require the ability to adapt to known and unexpected changes.

Sustainability

It is not essential that the interventions of this project are sustained, but that the systemic changes in Haitian institutions are sustainable and will continue to improve beyond the life of the project. HLP interventions should respond to Haitian-defined wants and needs and be socially acceptable to them. They should focus on strengthening systems rather than individuals. HLP should leave the GOH prepared to absorb any resulting recurrent costs, with increased financial resources and improved public financial management capacity.

There are some forces that could inhibit sustainable change with respect to continued implementation. Instability in the security sector limits governance potential, as does the absence of clear and conscious economic policymaking, decayed social institutions, and an underdeveloped infrastructure throughout the country. These conditions then further hamper MSPP staff and community health workers in delivering the appropriate health services to the people of Haiti, and in collecting the data around that service delivery. Clear and consistent commitment from varying stakeholders will help HLP overcome challenges, and will be a strong and mitigating effect against the potential undermining of such challenges on the project.

The GOH has expressed its desire to increase its capacity across the domains of Health Systems Strengthening: public financial management, policy implementation, data collection and analysis, logistics systems management, donor coordination, and staff planning, recruitment and retention. HLP will bring together implementing partners, the GOH, other donors, and smaller local actors to do this. Several local actors supporting the GOH's efforts have committed their resources to the broadening of the strengths of the system, and to helping to resolve weaknesses in administration and financial management. It is expected that local organizations will be critical for maintaining development gains after HLP ends. HLP must design and deliver interventions hand in glove with MSPP and its counterparts and aligned with its plans, strategies and visions.

Gender Equality and Women's Empowerment

Promoting gender equality and advancing the status of all women and girls around the world is vital to achieving U.S. foreign policy and development objectives. Gender inequities, poverty, and economic vulnerability, along with cultural factors and low education levels, have put women and girls at heightened risk of illness, sexual and physical abuse, a reduction of rights, and even death. The USAID Gender Equality and Female Empowerment Policy ensures that all investments reduce gender disparities by increasing access to, control over, and benefit from resources, opportunities, and services; reducing gender-based violence and mitigating its harmful effects; and increasing the capability of women and girls to realize their rights, determine their life outcomes, and influence decision-making. USAID/Haiti is committed to promoting gender equity within all health activities. Women and adolescent girls are explicitly put at the center of programming in order to address pressing health needs, although programs also focus on male involvement to support family and community health. It is critical that the project demonstrate thorough gender integration into all planned activities. Empowerment of women and more effectively reducing the gaps between men and women is also a key component of resilience.

The intersection of sociocultural norms with other factors, such as the role of politics and economic opportunity, have created strong gender norms and beliefs regarding the roles of men and women/boys and girls, in Haitian society. Divisions along class and politics often manifest in gender norms and beliefs. These beliefs include what are considered "acceptable" roles for women and men in the workforce or at home. Additionally, vulnerable populations, such as LGBTI individuals in Haiti, are often stigmatized to the point of having difficulty in accessing basic services such as healthcare. Though Haitian and international NGOs are working to challenge these socially-held constructs, additional work in this area is still needed and encouraged.

VI. GEOGRAPHIC FOCUS

Activities will primarily take place at the national and departmental levels, though HLP may support some policy implementation and monitoring efforts down to the facility level, specifically facilities involved in RBF. At the national level, the project will work with relevant units of MSPP to strengthen managerial and technical capacity to ensure policies and their implementation incorporate global standards and best-practices. At the departmental level, HLP will work to ensure that national policies and plans result in actual effective management and delivery of health services and reduce financial hardship.

VII. MONITORING, EVALUATION AND LEARNING PLAN

The HLP implementer will be required to develop an Activity Monitoring, Evaluation and Learning (AMEL) plan for the complete award period and submit to the USAID-Haiti AOR. The AMEL Plan aims to describe how the Award Recipient will monitor, evaluate and learn from the resulting data collected to manage HLP. This plan should propose both indicators and other data needed to assess achievement of each of the core expected results of HLP, as well as,

evaluation and other learning data required to understand key elements of HLP's theory of change. It also describes the processes that will be used to perform monitoring, evaluation and learning throughout the life of HLP in order to inform effective adaptive management required to achieve the desired results. Although the AMEL plan will be developed for the award period, it is a dynamic and flexible document that will be updated throughout the implementation process (on an annual basis preferably).

The plan should include three main components:

i) Monitoring component:

This component should provide the following:

- HLP logical model: a diagram showing the hierarchy of the different objectives of results HLP seeks to achieve (Purpose, Intermediate Results(IRs) and under each IR the different outputs);
- A list of the performance monitoring indicators that will be used to track progress against the different level of objectives outlined in the logical model, along with a clear and precise descriptions of these indicators data (for this description the Award Recipient will rely on the Performance Indicators Reference Sheet). Every performance monitoring indicator must have targets and is expected to have baseline values;
- A data flow chart describing the data generation process for the performance monitoring indicators defined;
- A Performance Indicator Reference Sheet (PIRS) for each performance monitoring indicator defined by HLP.

ii) Evaluation component:

This component presents evaluation, assessment, and other learning questions that need to be answered during HLP's lifetime through specific and resourced data collection exercises. It also provides clear and precise descriptions of any plans to conduct internal/external quantitative and/or qualitative assessments, surveys, and/or evaluations, e.g. types and topics of the studies, timeline, implementers, plans for data use, etc. This could be displayed in a summary table.

Evaluation in USAID has two primary purposes: accountability to stakeholders and learning to improve development outcomes. The USAID Evaluation Policy is available at: *https://www.usaid.gov/sites/default/files/documents/1870/USAIDEvaluationPolicy.pdf*

iii) Learning and adapting component:

The Activity Monitoring, Evaluation, and Learning (MEL) Plan[17] should include approaches for a systematic, intentional and resourced approach to a strategic collaboration, continuous learning

and adaptive management. In developing the MEL Plan, the Award Recipient should identify and describe:

- Learning objectives or a learning agenda;
- Strategic opportunities to coordinate and collaborate with stakeholders including GOH, other implementing partners and USAID;
- Approaches for regular learning to address the identified learning objectives;
- Plans for knowledge management, learning from M&E information, and disseminating findings;
- Approaches to adapting/adjusting implementation and programming as a result of learning;
- Resources (financial and human resources as well as tools) needed to implement learning approaches;

The learning and adapting component should detail, on one hand, how monitoring data will be analyzed and used to modify implementation of HLP as appropriate; on the other hand, how evaluation results analysis will be used to improve the effectiveness of HLP.
A MEL plan template was added in Annex in order to provide guidance to the Award Recipient.

VIII. ENVIRONMENTAL COMPLIANCE

This project is expected to have a minimal impact on the environment given its focus on technical assistance. However, the Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in the Code of Federal Regulations (22 CFR 216) and in USAID's Automated Directives System Parts 201.3.3.12 and 204, which, in part, require the identification of potential environmental impacts from USAID-financed activities prior to a final decision and the adoption of appropriate environmental safeguards for all activities. In addition, the HLP implementer must adhere to the following:

1. The HLP implementer must comply with host country environmental regulations, unless otherwise directed in writing by USAID/Haiti. In the case of conflict between host country and USAID regulations, the latter shall govern.

2. No intervention funded under this award will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that intervention, 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."

3. As part of its initial Work Plan, and all Annual Work Plans thereafter, the implementer, in collaboration with the USAID Agreement Officer and Mission Environmental Officer or Bureau

Environmental Officer, as appropriate, shall review all ongoing and planned activities under this award to determine if they are within the scope of the approved Regulation 216 environmental documentation.

4. If the HLP implementer plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID/Haiti review and approval. No such new activities shall be undertaken prior to receiving written USAID/Haiti approval of environmental documentation amendments.

5. 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/Haiti.

---

[1] GOH's Plan Directeur de Santé 2012 – 2022, https://mspp.gouv.ht/site/downloads/Plan%20Directeur%20de%20Santé%202012%202022%20version%20web.pdf

[2] USAID Haiti Strategic Framework, 2018-2020 (Annexed)

[3] USAID Foreign Assistance Framework, https://www.usaid.gov/documents/1868/foreign-assistance-framework

[4] USAID's Vision for Health Systems Strengthening, https://www.usaid.gov/sites/default/files/documents/1864/HSS-Vision.pdf

[5] MSPP UEP Rapport Statistique 2016 (Octobre 2017), https://mspp.gouv.ht/site/downloads/Rapport%20Statistique%20MSPP%202016.pdf

[6] Country Coordinating Mechanism (CCM) for GFATM, https://www.theglobalfund.org/en/country-coordinating-mechanism/

[7] Haiti - Coordination de l'Aide/TABLES SECTORIELLES, http://haiticci.undg.org/index.cfm?Module=ActiveWeb&Page=CategoriesList&CategoryID=345

[8] Politique Nationale De Santé, 2016 - 2030, http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/chad/pns_2016_2030_version_deufinitive_adopteue_le_29juin2016.pdf

[9] World Bank Group, Better Spending, Better Care: A Look at Haiti's Health Financing, http://documents.worldbank.org/curated/en/393291498246075986/pdf/116682-WP-v1-wb-Haiti-english-PUBLIC-summary.pdf

[10] Evaluation des Ressources Humaines des Institutions Sanitaire du Secteur Public (ERHIS 1) Septembre 2014; Evaluation des Ressources Humaines des Institutions Sanitaire du Secteur Privé (ERHIS 2) Juin 2016 (Annexed)

[11] Haiti HRH Situational Analysis (October 2017) (Annexed)

[12] Evaluation des Ressources Humaines des Institutions Sanitaire du Secteur Public (ERHIS 1) Septembre 2014; Evaluation des Ressources Humaines des Institutions Sanitaire du Secteur Privé (ERHIS 2) Juin 2016 (Annexed)

[13] "Vision Combined with Action" – Haiti's Health Financing Conference https://www.hfgproject.org/features/vision-combined-with-action-haitis-health-financing-conference/

[14] Developing Haiti's First Health Financing Strategy https://www.hfgproject.org/wp-content/uploads/2014/06/Developing-Haitis-First-Health-Financing-Strategy-Brief.pdf

[15] Ebauche Haiti Plan Stratégique de Développement des Ressources Humaines pour la Santé 2030 (Annexed)

[16] USAID Vision for Health Systems Strengthening, 2015-2019, https://www.usaid.gov/sites/default/files/documents/1864/HSS-Vision.pdf

[17] Annex G: Health Systems Strengthening Project MEL Plan (Annexed)

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

Subject to funding availability, USAID intends to provide $15 million in total USAID funding over a five (5) years period. Actual funding amounts are subject to availability of funds.

USAID intends to award one (1) Cooperative Agreement pursuant to this notice of funding opportunity.

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

2. Start Date and Period of Performance for Federal Awards

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

3. Substantial Involvement

Consistent with ADS 303.3.11, USAID/Haiti will be substantially involved in the implementation of the Health Service Delivery Project. The intended purpose of the Agreement Officer's Representative (AOR) involvement during the implementation of the program is to assist the recipient in achieving the supported objectives. USAID/Haiti will provide technical knowledge and guidance to the awardee on programmatic implementation and promote sharing and learning of successes and challenges among the USAID partners implementing HSD interventions.

Elements of Substantial Involvement:

1. Approval of the Recipient's Implementation Plans

USAID/Haiti will approve annual implementation plans, including planned activities for the following year and any subsequent revisions, planned expenditures, international meeting preparation, and proposed changes to any activities, locations, and beneficiary population.

2. Approval of Specified Key Personnel

The following positions have been designated as key to the successful implementation of the program objectives of this Cooperative Agreement. In accordance with the Substantial Involvement clause of this award, these personnel are subject to the approval of the Agreement Officer:

- Chief of Party
- Finance and Operations Director

- Senior Advisor for Health Finance
- Senior Advisor for Human Resources for Health

3. Agency and Recipient Collaboration or Joint Participation

USAID has determined that the Recipient's successful accomplishment of the program objectives would benefit from USAID's technical knowledge, and has authorized the joint participation of USAID and the Recipient in the following ways:

- Collaborative involvement in selection of advisory committee members, if the program establishes an advisory committee that provides advice to the recipient. The AOR may participate as a member of this committee.

- Approval of the Recipient's Activity Monitoring, Evaluation and Learning Plan aligned with USAID/Haiti's monitoring and reporting framework and other relevant reporting mechanisms required by USAID/Haiti.

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

- Communications with GOH officials – The AOR must be present in all meetings with government level officials at the Minister and Secretary General levels. All communication with GOH officials must be made by the Chief of Party and coordinated in advance with the USAID AOR. Exceptions may be granted but must be in writing and made prior to any meeting/communication.

Agency Authority to Immediately Halt a Construction Activity

4. Title to Property

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

5. Authorized Geographic Code

The geographic code for this program is **937**.

6. Purpose of the Award

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the Health Leadership Project which is authorized by Federal statute.

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

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

U.S. and non-US nongovernmental organizations (NGOs) may participate under this NFO, including U.S. and international private voluntary organizations, local non-governmental organizations, universities, foundations, private sector entities, and non-profit and for-profit organizations. Organizations may submit applications individually or in partnership with other international or local organizations.

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

To be eligible for award of a Cooperative Agreement, in addition to other conditions of this NFO, organizations must have a politically neutral humanitarian mandate, 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.

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. The successful applicant(s) will be subject to a responsibility determination assessment (Pre-award Survey) by the Agreement Officer (AO).

The Recipient must be a responsible entity. The AO may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award.

The applicant is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the Recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all sub-awards issued under this Cooperative Agreement.

Applications will not be accepted from individuals.

2. Cost Sharing or Matching

Cost share is required. To be eligible for award under the proposed Cooperative Agreement, applicants must propose a minimum cost share of 5% of the projected USAID funded amount. These cost share funds will be used for the accomplishment of Health Leadership Project activities objectives, and may be mobilized from the recipient's other non-U.S. Government grants, including those from other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute

financially and in-kind to implementation of activities at the country level. The cost share may be also a combination of cash and in-kind contributions.

Cost sharing must meet the standards set in 2 CFR 200.306 for U.S. organizations or the Standard Provision "Cost Share" for non-U.S. organizations. For guidance on cost sharing in grants and cooperative agreements, please see 2 CFR 200.306 and ADS 303.3.10.3.

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Adam Cox
Agreement Officer
USAID/Haiti
Port-au-Prince, Haiti
Email: acox@usaid.gov

Sandra Ricot
A&A Specialist
USAID/Haiti
Port-au-Prince, Haiti
Email: sricot@usaid.gov

Questions and Answers:

Questions regarding this NFO should be submitted to the following email addresses sricot@usaid.gov; acox@usaid.gov and usaidhaitioaa@usaid.gov no later than the date and time provided on the cover letter to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation. Any information given to a prospective Applicant concerning this NFO will be furnished promptly to all other prospective Applicants as an amendment to this NFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

2. Content and Form of Application Submission

Applicants are expected to review, understand, and comply with all aspects of the NFO.

Preparation of Applications:

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

Electronic Submissions are required. Email submissions must include the following in the subject line:

"Technical application under 72052118RFA00005, submitted by: [name of Applicant organization]."

"Cost application under 72052118RFA00005, submitted by: [name of Applicant organization]."

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

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

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

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

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

3. Application Submission Procedures

Applications must be submitted electronically via email to Ms. Sandra Ricot at sricot@usaid.gov with a copy to Mr. Adam Cox at acox@usaid.gov and usaidhaitioaa@usaid.gov no later than August 15, 2018, 3:30PM Haiti time.

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

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

Our preference is that the technical application and the cost application be submitted as single email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending them. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear. All applications received by the submission deadline will be reviewed for responsiveness to the NFO and the application format. No addition or modifications will be accepted after the submission date.

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

4. Technical Application Format

The technical application will be the most important factor for consideration in selection for award of the proposed Cooperative Agreement. The technical application should be specific, complete and presented concisely. The application should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The application should take into account the requirements of the program and evaluation criteria found in this NFO.

The Technical Application, inclusive of the noted elements, should number a total of thirteen (13) pages.

The 13-page technical application should be formatted as follows:

- Language – English
- Paper - Letter
- Type - Times New Roman, 12 point, single- spaced
- Margins - One inch on the top, bottom and sides
- Consecutive page numbers

The Technical Application should include the following sections:

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

1. Cover Page (not included in the 13-page limit)

In one page, the cover page should include: a) program title; b) Request for Applications reference number; c) name of organization(s) applying for the agreement; d) any partnerships; and e) contact person, telephone number, fax number, address, and types name(s) and title(s) of person(s) who prepared the application, and corresponding signatures.

2. Executive Summary (1 page, not included in the 13-page limit)

The Executive Summary should address the requirements of the project description including the objectives, interventions, indicators, expected results, and guiding principles. This subsection should describe in detail the proposed technical strategy and approach and comprehensively address how the Applicant will achieve the objectives outlined in the project description over the term of the activity. Applicants must provide a comprehensive yet concise summary of the proposed overall strategic and technical approach, including making sure to address the mandate for collaboration. This section must also set forth in sufficient detail the conceptual approach, methodology, and techniques for the implementation and evaluation of project activities.

3. Implementation Approach and Sustainability Approach (maximum 6 pages)

This section should address each of the following issues:

- Strategy. Describe the strategy to be used to achieve the proposed objectives. Interventions should apply lessons learned from previous work. The Applicant's approach should incorporate innovation and consider the key challenges identified including effectiveness in a do-no-harm context in light of social and political sensitivities. The Applicant should describe approaches to:

    - Operationalize context-specific financing schemes to increase underserved populations' access to quality services;
    - Improve management practices in the health system at the national, departmental, and local levels;
    - Increase domestic resources for public health and appropriate allocation of health funds while decreasing the proportion of health expenditures that are paid out of pocket and externally financed;
    - Increase and improve responsible management and expenditure of health funds by the Ministère de la Santé Publique et de la Population (MSPP), including distribution to subnational levels of the health system;
    - Ensure sustainable collaboration with implementing partners within and beyond the health sector that cut across technical silos and leverage resources and expertise;
    - Increase GOH leadership of the health workforce;
    - Support the transfer of service contracts throughout the health system managed by USAID Implementing Partners to GOH management; and
    - Improve distribution of the health workforce.

- Activity description and timeline. Describe the activities that will be undertaken to achieve the proposed objectives. Provide a general timeline of activities, including the implementation of an exit strategy and sustainability plan.

- Social, cultural and demographic issues. Describe any social, cultural, or demographic issues that should be factored into the planning and implementation of the project.

- Expected impact. Outline expected results and impacts and the mechanisms proposed to measure and monitor progress, achievement and sustainability.

4. Key Personnel (maximum 2 pages)

Key personnel are those individuals whose performance is critical to the success of the HLP activity. USAID/Haiti has determined that these four (4) positions are:

- Chief of Party (COP)
- Finance and Operations Director
- Senior Advisor for Health Finance
- Senior Advisor for Human Resources for Health

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

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

The list of references is not included in the three-page resume limit.

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

Given the complexity of this program, USAID expects these key personnel to have the appropriate qualifications and experience to work as a team to manage a complex program, specifically the ability to bring in regional and international best practices in health finance, governance, and human resources for health. While several personnel are expected to be local staff, the HLP activity is expected to draw upon the expertise of international consultants with significant experience in health finance, governance, and human resources research and interventions in other countries.

Chief of Party (COP): The Chief of Party is expected to be responsible for the overall planning, implementation, and management of the award, ensuring an integrated vision among different components and actors, and a focus on achieving the results defined in the agreement. This individual will be the key liaison with USAID/Haiti, the Government of Haiti, and all other counterparts and implementing organizations involved with health finance, governance, and human resources for health. This individual will be expected to identify issues and risks related to program implementation in a timely manner, and suggest appropriate program adjustments. S/he should be able to offer solutions in a complex development environment.

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

- Minimum of a Master's Degree, ideally in Public Administration, Public Health, or a related area (exceptional relevant experience, which includes a minimum of 15 years managing the implementation of development assistance programs may be considered in lieu of an advanced degree);
- Minimum of twelve (12) years of experience working in the health sector;
- Of the twelve (12) years, minimum of three (3) years of experience in managing donor/client-funded programs in Haiti;
- Demonstrated experience in successful collaboration with senior government officials, development partners, and civil society organizations;
- Demonstrated experience successfully managing a high-paced, multi-disciplinary team to achieve development results; and
- Required oral and written fluency in French and English; fluency in Haitian Creole is highly desired.

Finance and Operations Director: The Finance and Operations Director will be responsible for the overall accounting, finance, and administration components of the award. This includes managing any sub-agreements and financial reporting to USAID as well as inventory management and human resources matters. S/he will ensure the Project meets all USAID rules and requirements and GOH laws and policies. This Director shall serve as the principal point of contact to USAID in these areas.

The Finance and Operations Director must have the following qualifications, skills, and expertise:

- Minimum of a Bachelor's Degree in Business Administration, Finance, Commerce, or a related field;
- Minimum of twelve (12) years' experience in managing grants or contracts for NGOs and/or private and voluntary organizations (PVOs) may be substituted in lieu of a Master's Degree in Business, Administration, or Commerce;

- Seven (7) years of progressively responsible work experience in managing grants with international health NGOs and/or PVOs, preferably in the Caribbean;
- Demonstrated experience and knowledge in managing finance and compliance aspects of a large USG-funded activity;
- Demonstrated strong oral and written communication and presentations skills in French and English; working knowledge of Creole is preferred but not essential;
- Strong understanding and experience with USG acquisition and assistance instruments, policies and procedures, and requirements.

Senior Advisor for Health Finance: The Senior Advisor for Health Finance will provide leadership for technical assistance to the GOH in implementation of the Health Finance Framework and related health financing initiatives. The Advisor should possess the leadership qualities, management skills, technical expertise and experience, professional reputation, written and oral communication, and interpersonal skills to fulfill the diverse technical requirements of this position. S/he will have responsibility for oversight of the design and implementation of health finance programming, translating global experience, research, and policies to the Haiti context.

The Senior Advisor for Health Finance must have the following qualifications, skills, and expertise:

- Minimum of a Master's Degree in health economics, business, finance, economics or a related field;
- Minimum eight (8) years professional experience in the areas of health financing policy, health insurance, innovative financing for health, and/or public financial management;
- Minimum five (5) years of experience overseeing the performance of others;
- Demonstrated technical expertise and experience in planning and implementation of a health financing strategy, including domestic resource mobilization, risk-pooling, and allocation, as well as programs on universal health coverage;
- A demonstrated successful track record of improved public financial management in partner institutions;
- S/he should have the proven capacity to lead innovative financing efforts, including performance-based financing, and development and scale-up of sustainable equity-focused and gender-responsive health financing schemes;
- Demonstrated ability to work effectively with various actors, such as MSPP, other ministries and agencies, donors, and NGOs; and
- Strong oral and written communication and presentations skills in French and English; working knowledge of Creole is preferred but not essential.

Senior Advisor for Human Resources for Health: The Senior Advisor for Human Resources for Health will provide leadership for technical assistance to the GOH in implementation

of the Human Resources for Health (HRH) Strategy and related human resources initiatives, such as expansion of the Community Health Worker cadre. The Advisor should possess the leadership qualities, management skills, technical expertise and experience, professional reputation, written and oral communication, and interpersonal skills to fulfill the diverse technical requirements of this position. S/he will have responsibility for oversight of the design and implementation of HRH programming, translating global experience, research and policies to the Haiti context.

The Senior Advisor for Human Resources for Health must have the following qualifications, skills, and expertise:

- Minimum of a Master's Degree in human resources, business, health administration, or a related field;
- Minimum of eight (8) years of professional experience working in a developing country context on the design and implementation of human resources for health programming;
- Minimum of five (5) years of experience overseeing the performance of others;
- Demonstrated technical expertise and experience in planning and implementation of human resources for a health strategy, including recruitment, retention, distribution, and quality assurance and experience with programs on universal health coverage;
- A demonstrated successful track record of improving human resources management in partner institutions;
- S/he should have the proven capacity to lead innovative health workforce recruitment, health workforce quality assurance, and retention efforts, including overseeing development and scale-up of sustainable equity-focused and gender-responsive human resource strategies;
- Demonstrated ability to work effectively with various actors, such as the MSPP, other ministries and agencies, donors, and NGOs; and
- Strong oral and written communication and presentations skills in French and English; working knowledge of Creole is preferred but not essential.

5. Management Plan/Institutional Capability/Past Performance (maximum 5 pages)

Applicants should propose a comprehensive management plan that demonstrates the applicant's ability to effectively launch, develop, manage, and transition results in the public sector, but also with private sector organizations. The Applicant should describe how flexibility and adaptability are integrated in its management approach. The Applicant should describe practical steps that would be taken to ensure the Applicant makes a smooth transition from the current implementing partner and significant and measurable progress towards its objectives on an accelerated schedule.

The Applicant should describe how it will build a partnership with MSPP to ensure buy-in and increasing MSPP responsibilities over the life of the award. The Applicant will present its strategy to retain key personnel throughout the life of the activity (especially the Chief of Party), as well as its contingency plan in the event any of the key personnel leaves the activity.

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

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

6. Annex (not included in the 13-page limit)

In Annex, the Applicant is requested to:

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

5. Cost Application Format

The Cost or Business application is to be submitted under a separate cover from the Technical application. The Budget application must be submitted in Microsoft Excel 2000 or later and must have all cells and sheets unprotected and unlocked. The Applicant is requested to submit a budget broken down by program years with an accompanying detailed budget narrative (in Word 2000 or Word 2003 text accessible) which provides in detail the total costs for implementation of the program by category and their sub-costs in a clear manner. This must be in enough detail to determine each costs' allocability, allowability, and reasonability. No lump sum costs must be included and all costs must include a brief justification as to why they are needed in the budget narrative. Information on cost share must be included.

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

Certain documents are required to be submitted by an Applicant in order for the Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden Applicants with undue reporting requirements if that information is readily available through other sources. NOTE: The award will not provide for the reimbursement of pre-award application costs.

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

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

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

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

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

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

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

The cost/business application should contain the budget categories: as shown on the SF-424A. Additionally, the applicant is required to submit the below forms and documentation.

i. SF-424 forms (found on www.grants.gov) as follows:
- SF-424, Application for Federal Assistance
- SF-424A, Budget Information – Non-construction Programs
- SF-424B, Assurances – Non-construction Programs
-

ii. One page certification for each key personnel, listing:
- Name of proposed key personnel;
- Proposed title;
- Proposed annual salary; and

For the prior 3 years - a list of previous employment including: annual salary or daily consulting salary (inclusive of relevant fringe such as insurance, but exclusive of travel and other allowances), number of days worked (for consultancies) or start and end date of full time employment, job title, name and address of employer, and a certification from the applicant's authorized point of contact that the candidate's salary and education information have been verified.

iii. 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 Accountant (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible

for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation. The account must also state the he or she is not aware of any material modifications that 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.

Cost Sharing: The Applicants should estimate the amount of cost-sharing resources to be mobilized over the life of the agreement and specify the sources of such resources, and the basis of calculation in the budget narrative. Applicants should also provide a breakdown of the cost share (financial and in-kind contributions) of all organizations involved in implementing the resulting Cooperative Agreement. (Additional information on the required Cost Share may be found in Section E, below.)

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

1. Required assurances, certifications and representations

2. Evidence of responsible the Agreement Officer can use to determine the Applicant

   a. Has adequate financial resources or the ability to obtain such resources as require during the performance of the award;

   b. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant;

   c. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance;

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

   e. Is otherwise qualified and eligible to receive a Cooperative Agreement under applicable laws and regulations (e.g., EEO).

3. 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).

4. Statutory and Regulation Certifications

The Applicant shall complete the following required certifications:

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

2. Certification Regarding Lobbying (22 CFR 227);

3. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206, Prohibition of Assistance to Drug Traffickers);

4. Certification Regarding Terrorist Financing;

5. Certification Regarding Trafficking in Persons; and
6. A signed copy of Key Individual Certification Narcotics Offenses and Drug Trafficking, (ADS 206.3.10) when applicable;

7. A signed copy of Participant Certification Narcotics Offenses and Drug Trafficking (ADS 206.3.10) when applicable;

8. A completed copy of Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction;

9. Other Statements of Recipients.

The signed and dated printout must then be submitted with the application as an annex to the cost application.

The form can be found at:https://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

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:

1. Bylaws, constitution, and articles of incorporation, if applicable.

2. Whether the organizational travel, procurement, financial management, accounting manual and personnel policies and procedures, especially regarding salary, promotion,

leave, differentials, etc., submitted under this section have been reviewed and approved by any agency of the Federal Government, and if so, provide the name, address, and phone number of the cognizant reviewing official. The Applicant should provide copies of the same.

.

Unique Entity Identifier and System for Award Management

Dun and Bradstreet and SAM.gov Requirements

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

a. Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient.;

b. Provide a valid unique entity identifier in its application; and

c. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

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

3. Funding Restrictions

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

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

A Selection Committee (SC) comprised of USAID employees shall conduct a merit review of all applications received that comply with the instructions in this NFO. The evaluation will be conducted using the adjectival rating system.

Recognizing that various approaches may have merit, this NFO seeks an implementing partner that can propose cost-effective ways of implementing this program.

USAID may request clarification and/or supplemental materials from applicants whose applications have a reasonable chance of being selected for award. The entry into discussion is to be viewed as part of the evaluation process and will not be deemed by USAID or the applicants as indicative of a decision or commitment upon the part of USAID to make an award to the applicants with whom discussions are being held.

2. Review and Selection Process

A. Technical Evaluation

USAID will conduct a merit review all applications received that complies with the instructions in this NFO.

The criteria presented below have been tailored to the requirements of Health Leadership Project, HLP. Applicants will note that these criteria serve to: (a) identify the significant matters which applicants must address in their applications and (b) set the standard against which all applications will be evaluated.

To facilitate the review of their application, the Applicant should organize the narrative sections of their application in the same order as the below noted criteria.

Technical evaluation of applications will be based on the extent and appropriateness of proposed approaches and feasibility of achieving the identified objectives. Applications will be reviewed and evaluated in accordance with the following criteria shown. All are of equal weight and importance.

Technical Approach

Implementation Plan and Sustainability Approaches
The extent to which the proposed technical approach demonstrates a clear understanding of the objectives of the program and a convincing approach to achieve them.

The extent to which the proposed technical approach describes a credible and feasible approach to implementation, including strategy, activity description, and timeline; coverage, social, cultural, demographic issues, and impact. The Application review will assess the

Applicant's approach to innovation and consider the key challenges identified including effectiveness in a do-no-harm context in light of social and political sensitivities; the application should reflect USAID/Haiti's guiding principles, including sustainable approaches through local partnerships, and align with Government of Haiti plans and strategies; the application review will consider the applicant's ability to establish sustainable partnerships with focus on the set-up of partnerships with local organizations and other stakeholders for constructive working relationships that maximize project outputs;
Key Personnel The extent to which the proposed Key Personnel convincingly demonstrate quality, experience, and appropriateness of key personnel, and demonstrate ability to effectively manage the proposed program outlined in the technical approach.
Management Plan/Institutional Capabilities/Past Performance The extent to which the Applicant's management plan, its institutional technical and administrative capabilities, including, if applicable, past performance in implementing similar projects/programs demonstrate the ability to effectively implement this program. USAID will assess the Applicant's approach to learning from effective approaches used in Haiti; adapting proven approaches from other settings; and leveraging government, civil society, and/or private sector capacity; and sustainability.

B. Cost Evaluation

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

The application with the lowest estimated cost may not be selected if award to a higher priced technical application offers a greater overall benefit for the program. All evaluation factors other than cost or price, when combined, are significantly more important than cost. However, estimated cost is an important factor and the estimated cost to the Government increases in importance as competing applications approach equivalence and may become the deciding factor when technical applications are approximately equivalent in merit.

Cost estimates will be analyzed as part of the application evaluation process. Proposed costs may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

Cost Sharing

USAID has established a suggested cost share of five percent (5%) of the Award's projected value of $15,000,000.00 for the recipient of the award. Leveraged non-USAID resources from private firms and institutions (such as equipment, training, level of effort and any in-kind contributions) may be considered part of cost share. Cost sharing may be also demonstrated either through direct funding, beneficiary contributions, in-kind assistance, or a combination thereof. USAID shall make the final determination and assess whether or not the Applicants cost share contributions (e.g. categories or items) meet the standards set in 2 CFR 200.306.

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

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

2. Administrative & National Policy Requirements

2 CFR 700, 2 CFR 200, ADS 303maa, Mandatory Standard Provisions for U.S. Non-governmental Organizations, and Mandatory Standard Provisions for Non-U.S. Non-governmental Organizations are applicable.

3. Reporting Requirements.

Financial Reporting:

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

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

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

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

Performance Reporting

The successful Applicant must submit a copy of quarterly, annual and final performance reports to the AOR in accordance with 2 CFR 200.328. The successful Applicant may also be required to submit other ad hoc reports as requested by USAID and/or the Office of the Global AIDS Coordinator (OGAC).

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

The Recipient must submit a final Annual Implementation Plan within thirty (30) days of the award date. The Recipient will work with the AOR throughout the Annual Implementation Plan development process to ensure the Annual Implementation Plan appropriately reflects activity objectives and the program description. The Annual Implementation Plan must detail the work to be accomplished during the upcoming year. Annual Implementation Plans for subsequent years are due to the AOR forty-five (45) days before the end of the preceding award year. Annual Implementation Plans should include all sections described in the initial implementation plan. In addition, the subsequent annual implementation plans shall review the activities of the year that is ending, the activities that were implemented, the results achieved, and any problems that existed and how they were resolved. These subsequent annual plans should propose program adjustments to reflect any lessons learned. As with the initial implementation plan, the AOR will review the plan and provide comments and recommendations to be incorporated into the final version submitted to the AOR for approval. In addition, all substantial changes in the Annual Implementation Plan require prior written approval of the AOR.

Monitoring, Evaluation and Learning (MEL) Plan: The Applicant should include a draft MEL Plan with expected performance targets as an annex to the application.

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

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

Quarterly Performance Report: Within thirty (30) days after the end of each quarter, the Recipient must submit one (1) original and one (1) copy of a performance report to the AOR. The performance reports are required to be submitted quarterly and must contain the following: 1) quantitative and qualitative analysis of progress against objectives, results, and targets; 2) summary of key activities for next quarter; 3) discussion of lessons learned, good practices, and success stories; 4) challenges outside scope of program that affect implementation; 5) summary table of indicators, targets, and results to date; and 6) financials for the quarter and projections for the next two (2) quarters. Furthermore, notification must be given in the case of problems, delays, or adverse conditions, which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken and any assistance needed to resolve the situation. Following receipt of the report, a "quarterly review" meeting with the AOR and other relevant Mission staff will be held to discuss results, challenges, and the way forward.

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

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

Closeout Plan: Ninety (90) days prior to the end of the Agreement, the Recipient shall submit a closeout plan to the AOR and the Acquisition and Assistance Office. The closeout plan shall include: brief program summary; brief program timeline; financial status report ; final Financial Status Report timeline; latest NICRA or indirect cost rates; anticipated balance of federal funds after expiration of the instrument; final inventory of residual non- expendable property, which was acquired or furnished under the instrument; program and activity end date; recipient responsibilities during phase out; Subawardees and/or partnership phase out; status of all program audit reports per the instrument's provisions; final audit report timeline; final report timeline; personnel phase-out timeline; personnel phase-out plan; and job descriptions for personnel anticipated to serve during the closeout phase.

<u>Other Requirements</u>

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

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

Foreign Tax Reports: Foreign Tax Reports: Standard report will be issued for each Fiscal Year and delivered prior to April 16th of each year.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

The Point of Contact for questions is Sandra Ricot. Questions should be submitted via email to sricot@usaid.gov, with a copy to Mr. Adam Cox at acox@usaid.gov and usaidhaitioaa@usaid.gov by the deadline listed on the cover page of this NFO.

[END OF SECTION G]

SECTION H: OTHER INFORMATION

1. Funding

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

2. DevResults Haiti

Per ADS 203.3.3.1, the Mission has established and manages a web-based performance monitoring information management system called "DevResults Haiti," to which designated USAID Staff and all implementing partners are required to submit performance results each quarter. DevResults Haiti serves as a repository for all Mission-related performance indicators at the strategy, project, and activity/implementing mechanism (IM) levels. Indicator information includes, but may not be limited to, indicator definition, baseline values and time frames, targets and rationales for targets, and actual values. All USAID/Haiti implementing partners must assign a Point of Contact (POC) who will be responsible for ensuring that project information is entered into the DevResults Haiti reporting system. The POC shall be the partner's COP, DCOP, M&E Manager or other staff designated with performance reporting oversight.

Monitoring and evaluation data shall be directly entered into the system by Partners and then USAID A/CORs validate or reject the data. A/CORs will receive a notice (via email and in their DevResults Haiti in-box) once data is entered and submitted by Partners for review. The data in DevResults Haiti is dynamic and will be updated as baselines are measured, actuals are collected, and whenever changes are made to performance indicators. All changes are documented with a timestamp and name to ensure traceability. Indicator data, which may come from implementing partners as well as through primary data collection or secondary sources, must be entered regularly and directly into DevResultsHaiti by implementing partners. Partner Users can login to DevResults Haiti from any computer (including non-USG computers), as it is a web-based system and not a program installed on a computer.

The below information is helpful in understanding the M&E track in DevResults Haiti:

- For every activity, partners are responsible for finalizing, in coordination with and approval by their A/COR, their M&E Plans in Word with indicators clearly defined and listed in an Excel table then load it into DevResults. After final approval of the M&E Plan, Partners will create their M&E plan in DevResults Haiti with assistance from USAID staff including M&E specialists and A/CORs using the indicators identified in the approved M&E Plan. A/CORs and partners then report on indicator progress directly into the system;
- Indicators are coded in DevResults Haiti. All indicators are given a code and attached to the Mission's Results Framework. For example, a standard PPR indicator will be attached to the corresponding F Framework code; non-PPR Indicators must still be coded and attached to the Mission's Results Framework; Feed the Future (FtF) indicators will correspond to the FtF Framework code; etc.;

- A/COR validates data entered by partners.

DevResults Haiti can be accessed at the following website: https://ht.devresults.com/. Please refer to the DevResults Haiti Help Site http://help.devresults.com/home for detailed instructions and for more information. Please follow the link below for an instructional video overview of the Partner Reporting Process: http://www.youtube.com/watch?v=zR4qPldCCew.

[END OF SECTION H]
[END OF NFO #72052118RFA00005]