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Issue Date: **March 14, 2024**
Deadline for Questions: **April 2, 2024**
Application Closing Date: **April 17, 2024**
Application Closing Time: **10:00am Kampala Time**

Subject: Notice of Funding Opportunity Number (NOFO): 72061724RFA00001

Program Title: USAID Strengthening Local Health Systems

Federal Assistance Listing Number: 98.001-- USAID Foreign Assistance for Programs Overseas

To all interested Applicants:

The United States Agency for International Development (USAID) Mission in Uganda (USAID/Uganda) is seeking applications for a Cooperative Agreement from qualified entities to implement the USAID Strengthening Local Health Systems Activity. Eligibility for this Award is not restricted.

USAID intends to make an award to the Applicant who best meets the objectives of this funding opportunity based on the Merit Review Criteria described in this NOFO subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements and selection process.

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

USAID may not award to an Applicant unless the Applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements detailed in Section D.6.g. The registration process may take many weeks to complete. Therefore, Applicants are encouraged to begin registration early in the process. Please send any questions to the point(s) of contact identified in Section G. 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/Uganda programs.

Sincerely,

Koni Demissie
Agreement Officer

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AO	Agreement Officer
AOR	Agreement Officer's Representative
ADS	Automated Directives System
ENABEL	Belgian Development Agency
CLA	Collaborating, Learning, and Adapting
CHEW	Community Health Extension Worker
COVID19	Coronavirus of 2019
CDCS	Country Development Cooperation Strategy
DHS	Demographic and Health Survey
DO	Development Objective
DHIS2	District Health Information Software 2
FY	Fiscal Year
GoU	Government of Uganda
HCF	Health Care Financing
HIS	Health Information Systems
HSS	Health Systems Coverage
HIV	Human Immunodeficiency Virus
HRD	Human Resources Development
HRH	Human Resources for Health
HRM	Human Resources Management
ICT	Information and Communication Technologies
IR	Intermediate Result
MCHN	Maternal Child Health and Nutrition Activity
MoES	Ministry of Education and Sports
MoFPED	Ministry of Finance, Planning, and Economic Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoPS	Ministry of Public Service
MEL	Monitoring, Evaluation, and Learning
NCHS	National Community Health Strategy
NDP	National Development Plan
OFM	Office of Financial Management
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PNFP	Private-not-for-Profit
PFM	Public Financial Management
PPPH	Public Private Partnerships in Health
RRH	Regional Referral Hospital

RBF	Results Based Financing
TA	Technical Assistance
UBOS	Uganda Bureau of Statistics
UHSS	Uganda Health Systems Strengthening Activity
USAID	United States Agency for International Development
USG	United States Government
UHC	Universal Health Coverage
SITES	USAID/Strategic Information Technical Support Activity
VHT	Village Health Team
WHO	World Health Organization

SECTION A: PROGRAM DESCRIPTION

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

A.1. INTRODUCTION

The United States Agency for International Development (USAID)'s Mission in Uganda (hereinafter referred to as USAID/Uganda) invests more than $350 million annually in health area-specific programs, including Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), malaria, tuberculosis, maternal and child health, nutrition, family planning, and global health security. Health systems strengthening (HSS) remains critical to the achievement of USAID's goals of preventing maternal and child deaths, controlling HIV/AIDS, and combating infectious disease. Despite progress made in disease specific areas, the challenges faced during the COVID-19 pandemic demonstrated the need to strengthen Uganda's health system overall in order to improve health services. By addressing the need for more functional and efficient health systems, Uganda will be better prepared to offer equitable, quality, and efficient health services and better health outcomes for the population.

The **purpose** of the Activity is to strengthen key elements of the Ugandan health system: health care financing (HCF), human resources for health (HRH), health information systems (HIS), and community health systems. The Activity will provide tailored technical assistance (TA) to the Ministry of Health (MoH) to develop, update, test, and disseminate policies, strategies, tools, models, standards, guidelines, approaches, and evidence-based intervention packages that can be implemented by the central government, districts, health facilities, and communities to improve the performance of the health system.

The Activity's **goal** is to improve health outcomes and health security through increased availability of quality health services for all people in Uganda. Successful implementation of the Activity will contribute to the achievement of the Agency's Vision for Health System Strengthening 2030, and will advance the achievement of the CDCS Development Objective (DO) 1, "Health Security Improved." The Activity is also fully aligned with the Government of Uganda's (GoU's) health sector policies and priorities.

A.2. BACKGROUND

Uganda's health system has made significant progress during the past decade with the development of many policies and strategies with support from donors, including the United States Government (USG), that have led to positive impacts in service delivery. Some examples include the Test and Treat Policy, which led to antiretroviral therapy scale-up and advancing epidemic control efforts; the HRH strategic plan, which led to an updated staffing structure; and the National Community Health Strategy (NCHS) and the Community Health Extension Worker (CHEW) pilot, resulting in an increased focus on community health. Physical access to health facilities has increased and now more than 80 percent of Ugandans are living within five kilometers of a health facility, up from 72 percent in 2015. Availability of health workers and medicine has improved. Mortality and morbidity from common diseases and conditions have declined with improved lifesaving services and increased coverage. Despite this improvement in access to and coverage of services, significant challenges remain in the quality-of-service delivery and health outcomes for most Ugandans. The emergence of the COVID-19 and the Sudan Ebola virus in 2022 exacerbated the existing weaknesses in the Uganda health systems and further compromised the ability to deliver basic health services such as immunization and other maternal and

child health services. During the pandemic, Uganda experienced an upsurge of maternal and perinatal deaths, a drop in vaccination rates, and disruption in general health services due to constraints within the health system and an over-stretched health workforce. This emphasized the need for additional HSS support to improve health services in general.

Uganda's rapid population growth is exacerbating health system stressors and undermining the ability of the economy to keep pace with the growing health needs. Uganda features one of the world's youngest and fastest growing populations, with a total fertility rate of 5.4 children per woman. The population is currently estimated at 48 million people and is expected to exceed 100 million by 2050. The GoU has an ambitious goal of providing universal health coverage (UHC) to all Ugandans. However, rapid population growth, the rise in communicable and non-communicable diseases, susceptibility to epidemic- and climate-related shocks, and the growing health needs of the population are making it difficult for the country to achieve this ambitious goal.

Uganda operates under a decentralized health system. The MoH provides leadership at the central levels and through Regional Referral Hospitals (RRHs) at the regional level. Local governments provide leadership at the district level. This decentralized approach has presented some implementation challenges. The MoH is responsible for the overall stewardship of the health sector. This includes responsibility for policy formulation, strategic direction, development and implementation of standards, disease surveillance, quality assurance, and resource mobilization. The MoH is also responsible for the operations of the 18 RRHs. The RRHs have the mandate to provide oversight and mentorship to build technical capacity and skills of health workers from the district hospitals and health centers within their catchment area using a hub and spoke model.

While the GoU's policy is to provide free healthcare for all Ugandans in the public sector, its ability to provide quality health services is hampered by various health systems challenges, including poor governance, insufficient financing, frequent stockouts of essential medicines and health commodities, inadequate HRH management, and poor data use for planning and decision-making.

HCF: The health sector relies heavily on external donor support, which constitutes about 42.9 percent of health spending. GoU spending stands at only 17.5 percent while 39.6 percent of spending comes from direct out-of-pocket payments.[1] This burden disproportionately falls on the poorest and most vulnerable members of society, which at times results in catastrophic expenditures entrapping families in a cycle of poverty. Uganda also has the lowest per capita health expenditure in the East African Community.

Poor management of funds has been shown to consume up to 13 percent of total expenditure[2]**.** The MoH's core strategic interventions in its health financing strategy are in the areas of revenue collection, risk pooling, and strategic purchasing. Among the specific objectives is systems strengthening for timely generation and production of health financing and expenditure information to guide policy and decision making. The Health Financing Strategy also recommends that the MoH look into non-traditional sources of potential revenue.

HRH: Uganda's doctor-patient and nurse-patient ratios are low, at approximately 1:25,000 and 1:11,000, respectively.[3] This makes Uganda an "HRH Crisis" country, defined by the World Health Organization (WHO) as having <2.3 health workers per 1,000 population.
Inadequate technical and managerial skills and high rates of absenteeism, the latter estimated to be approximately 40 percent[4] daily, which hamper the delivery of quality services, resulting in poor health outcomes. Health worker absenteeism is estimated to have cost the GoU approximately $7.2 million annually.[5]

HIS: Over the years, USAID has supported the MoH to strengthen periodic and routine data reporting through surveys like the Demographic and Health Survey (DHS) and the national Health Management Information System. Reporting through the national systems has significantly improved with reporting rates rising from below 50 to 90 percent over the last ten years. The quarterly data reviews and regular data quality assessments have resulted in increased confidence and data use for decision making.

While the rise of digitization has led to increased availability of data, it has also resulted in multiple fragmented HIS systems that do not speak to each other. In addition, the rapidly growing digitization in the health sector is not matched with capacity to manage it. These and other challenges have resulted in poor data quality at the national level, which prevents appropriate targeting and prioritization of services and resource allocation decisions. Under-staffing of data managers means that the burden of data collection, especially at the PHC level, falls mostly on clinical and nursing officers who are already coping with high patient volumes. This results in inconsistencies in the quality and frequency of reporting. It is becoming paramount to address the data quality issues across the whole sector including the community level, where the bulk of primary health care services occurs. In recognition of the above challenges, the MoH recently launched its Health Information and Digital Strategic Plan 2020/2021 to 2024/2025 to make data collection and reporting more efficient with a focus on digitization of data management and reporting, including health systems performance.

Community Health Systems: Community health services are a key pillar in the Ugandan health system and depend largely on community health workers, particularly volunteer village health teams (VHTs). With support from donors, including USAID, the MoH is piloting the implementation of a formalized cadre of workers called Community Health Extension Workers (CHEWs) under Uganda's NCHS. This cadre works based on a job description, is trained using a standard curriculum, meets defined qualifications, and has contracts and remuneration. Results of the pilot will inform future program implementation and potential scale-up.

Private Sector: The private sector, composed of private, faith-based, and non-governmental organization providers, is an important element of Uganda's health system. Faith-based providers account for over 40 percent of healthcare delivery and over 70 percent of health worker training institutions. There are a host of informal community-level structures and numerous community service organizations that support health care services, especially in the delivery of preventive services, community mobilization, and home/community-based care. While service delivery through the private sector has made progress, the full potential of the private sector to deliver and finance health services has not been realized.

Global Health Security: Recent outbreaks, COVID-19 and Ebola have been brutal reminders of how important health systems are in tackling all types of health emergencies. Effects of these adverse events can overwhelm health systems and affect many parts of society. WHO, with support of partners, recommended Health Systems for Health Security, a framework for developing capacities for International Health Regulations, and components in health systems and other sectors that work in synergy to meet the demands imposed by health emergencies. Implementation of this framework is still in its nascent stage in Uganda and additional HSS efforts are needed.

A.2.1 Uganda's Development Context and the Health Sector

The GoU's Vision 2040 is to transform the Ugandan society from a peasant to a modern and prosperous society within 30 years. Under this vision, the country has implemented successive five-year development plans featuring different themes. The third national development plan (NDPIII 2020/21–2024/25) has the overall goal of increasing household incomes and improving the quality of life of Ugandans. In addition to increasing household incomes, the NDPIII emphasizes the need to provide good quality education and health services to improve the quality of life for the population. The NDPIII

aims to ensure UHC for Uganda and aims to provide equitable and affordable quality healthcare for all Ugandans while ensuring financial protection. To achieve this ambitious goal, the MoH has put in place specific strategies to strengthen key elements of the health systems, notably the 10-year National Human Resources for Health Strategy; the Health Care Financing Strategy; the 10-year Supply Chain Road Map; the NCHS; the National Public-Private Partnership for Health Strategy; and, more recently, the National Health Information and Digital Strategic Plan 2020/2021 to 2024/2025. The Activity will work with the MoH and implementing partners to advance the aforementioned strategies.

A.2.2 USAID's Support to the Health Sector and Relationship to the CDCS and GoU Strategies

USAID/Uganda has supported HSS efforts in Uganda, primarily through service delivery programs that focus on specific diseases, for 60 years. With a growing recognition that progress under disease specific interventions is not sustainable without also focusing on the underlying health systems, USAID/Uganda has increasingly dedicated resources on integrated and cross-cutting HSS interventions. Some of the most recent implementing mechanisms include the Uganda Health Systems Strengthening activity (UHSS), the USAID Strategic Information Technical Support activity (SITES), Regional Health Integration to Enhance Services, Strengthening Supply Chain Systems, Malaria Action Program for Districts, Maternal Child Health and Nutrition activity (MCHN), and the Family Planning activity.

This new five-year, $40 million Activity aims to build on UHSS's achievements in the areas of HCF, HRH, community health systems through improved leadership and accountability for results in both the public and private health sectors at all levels. The Activity will continue to implement innovative interventions that increase efficient use, governance, and management of key health system elements, including HRH, finance, equipment/infrastructure; and strengthen community health systems that are critical for improving the quality of health services. UHSS has improved health budget planning and execution; supported MoH in restructuring the HRH staffing plan; supported the piloting of the CHEWs program; improved reporting of community health services; and conducted numerous budget and financial analytics that helped the MoH in developing key policies, including the revision of the National Health Insurance Scheme.

The proposed Activity will also focus on HIS and will build on the achievements of SITES and other critical and strategic donor supported HIS interventions. The Activity's HIS scope will focus on all MOH approved systems that collect, store, manage, and transmit a patient's electronic medical records within USAID's manageable interest; hospitals' operational management; and those systems that support healthcare policy decisions and improve accountability.

The proposed Activity will advance the achievement of DO1, "Health Security Increased," under the CDCS 2022-2026 by directly contributing to the achievement of CDCS Intermediate Result (IR 1.2), "Health Systems Strengthened." Specifically, the Activity will directly address the following Sub-IRs:

Sub-IR 1.2.1 Public financial management (PFM), governance, and accountability strengthened.
Sub-IR 1.2.2 HRH strengthened.
Sub-IR 1.2.3 HIS more effective and sustainable.
Sub-IR 1.2.4 Community health systems strengthened.

USAID/Uganda's strategies are fully in line with those of the GoU. The vision of the MoH's Strategic Plan 2020-2025 is to achieve "A responsive, sustainable health system that is positioned to respond to current and future public health challenges, and protects and promotes the health and wellbeing of all the people in Uganda." Its goal is to "strengthen the health system and its support mechanisms with a focus on PHC

to achieve UHC by 2030." Building on USAID's previous investments in Uganda, the Activity will continue to support key Ugandan Government strategies, including the National HRH Strategy, Health Financing Strategy, the NCHS, and the recently launched Health Information and Digital Strategic Plan.

A.3. ACTIVITY DESCRIPTION

A.3.1 Problem Statement

Uganda's health system is not optimally meeting the needs of its population due to inadequate availability, use, and accountability of financial and HRH systems, fragmented HIS, and over-reliance on weak community health systems. This results in poor service delivery, low service utilization, and suboptimal health outcomes.

A.3.2 Theory of Change

The Theory of Change is that ***if*** the USAID Strengthening Local Health Systems Activity works with the MOH to improve HRH planning and performance management; strengthens health financing processes and public financial management, including improving domestic resource mobilization and advocating for increased GoU funding for health; harmonizes and strengthens HIS; and supports the operationalization of the national community health strategy; ***then***, health workers' availability and productivity will improve, domestic financial resources and efficiency will increase, the health system will have quality information for decision making, and delivery of inclusive community health services will improve. As a result, the quality of health services and health outcomes for Ugandans will improve.

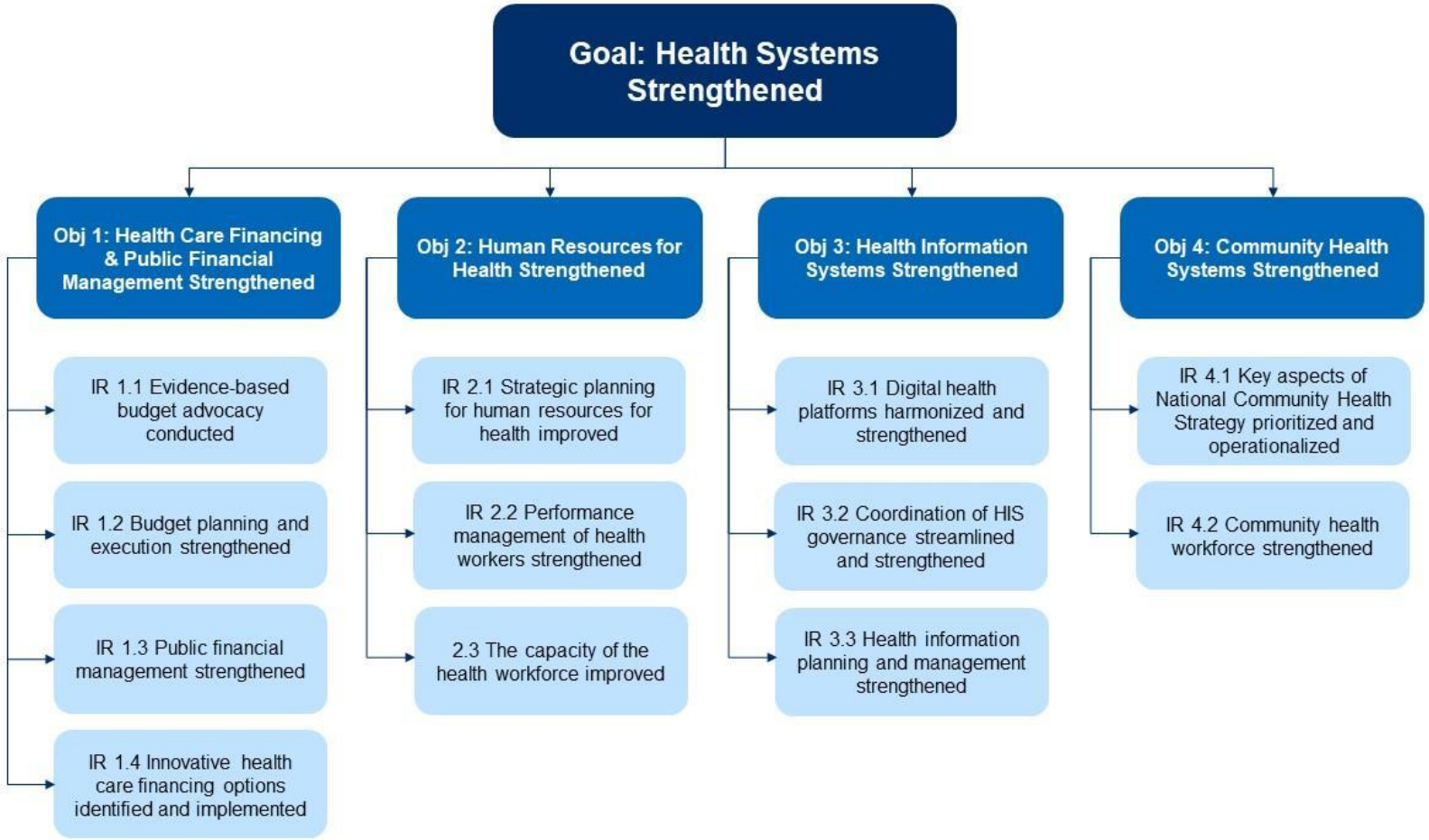
A.3.3 Anticipated Outcomes and Results

The Activity will provide tailored TA to the GoU to develop, test, refine, and disseminate policies, strategies, tools, models, standards, guidelines, approaches, and evidence-based interventions that can be implemented by the central government, districts, health facilities, and communities across Uganda to improve the health system performance. The overall goal of the Activity is to strengthen the Ugandan health systems to improve the quality of services and health outcomes for all Ugandans, thereby contributing to increased health security.

The Activity will work with other implementing partners and key stakeholders highlighted in Section A.4.2 to ensure that any policies/tools, etc. that are developed under the Activity at the national/central (above-site) level are cascaded down to the sub-national level.

The goal, objectives, and IRs are further elaborated in the following results framework and narrative below.

USAID Strengthening Local Health Systems Results Framework



RESULTS FRAMEWORK

Objective 1: HCF and PFM Strengthened

The desired outcomes under this objective are increased domestic resources mobilization for health, increased efficiency in the utilization of available resources, and improved accountability in the use of resources in the health sector. The Activity will support GoU's efforts at the national level to explore sustainable domestic financing options. It will leverage the private sector, provide TA for the proposed National Health Insurance Scheme, promote strategic purchasing, and support the mainstreaming of Results Based Financing (RBF) in the PHC granting mechanisms. The Activity will improve efficiency and effectiveness of resource allocation decisions through TA for budget planning and management and PFM and will support evidence-based advocacy efforts to progressively increase the amount and percentage of the national health budget.

Anticipated Outcomes:

- GOU health budget execution rate reaches at least 90% each year.
- GOU health budget allocation formula revised to ensure equity and allocative efficiency.
- Budget execution rate for major donor funded projects such as the Global fund and GAVI increased from about 41% in FY 2021/2022 to at least 80% annually.
- PHC grant guidelines revised to include RBF.
- Increased GOU budget for health as a proportion of national budget from 7.7 currently to at least 10% by the end of the project.
- At least 90% of districts continue to have unqualified audit reports annually.

IR 1.1 Evidence Based Budget Advocacy Conducted

USAID/Uganda and the GoU remain committed to increasing domestic financing of the Ugandan health sector. Although the absolute amount of the health budget has been increasing since 2018/19, the percentage of the national budget allocated to health has not changed significantly. The proportion of the health budget compared to the national budget averaged around seven percent in the last five years, far from the Abuja Declaration target of 15 percent. The COVID-19 pandemic, other public health threats, and ongoing economic stressors have impacted domestic financing. In the face of competing demands, maintaining and increasing the allocation for health requires strong political advocacy based on compelling evidence to policymakers and budget decision makers.

Illustrative activities:

- Support health economics analytics to generate evidence to make the case for increased budget allocation and advocacy for health, including fiscal space, costing, and efficiency analysis.
- Support implementation and tracking of PEPFAR sustainability roadmap for increased domestic financing and ownership of the HIV/AIDS program.
- Organize regular policy discussion forums for high-level government officials, parliamentarians, civil society, and private sector officials to discuss health budget priorities and gaps.
- Support the MoH to develop a new health financing strategy to replace the one ending in Fiscal Year (FY) 2024/2025 and have it approved by the appropriate levels of government before the start of FY 2025/2026.
- Support USG efforts to develop and implement resource mobilization initiatives identified in the national sustainability roadmap.

- Support the MoH and district local governments to develop standard operating procedures to streamline the process of channeling revenues earned by the private wings of public hospitals (including RRHs) to reduce lag times and improve transparency and clarity of these revenue flows.
- Support MoH to develop conducive policies that allow hospitals more autonomy in raising and managing resources.

IR 1.2 Budget Planning and Execution Strengthened

The MoH's core strategic interventions in its health financing strategy include specific objectives on revenue collection, risk pooling, and strategic purchasing. Reducing or removing inefficiencies alone could have meaningful impacts on resource availability. USAID/Uganda has been providing TA to the MoH in budget formulation and execution, and while significant progress has been made in budget utilization in the health sector, spending against released funds remains suboptimal. Resource allocation decisions are made at the central level with limited involvement of the districts and health facilities. The current standard allocation formula that is used does not take into consideration the specific needs of districts and health facilities, thus creating inequities in health budget allocation. While the GoU rolled out program-based budgeting in all sectors to improve budgeting for results, the link between planning, reporting of results, and the evidence to inform policy making and resource allocation decisions remain weak.

Furthermore, MoH is consistently reporting challenges of poor accountability and budget absorption of program funds (e.g., COVID, Global Fund) channeled through the local governments. There is limited capacity at the MoH to provide oversight and follow-up of donor funds released to local governments, which has led to delayed programming. There is a need for continued support to the MoH to further improve budget priority setting, increase budget utilization, and strengthen program-based budgeting.

Illustrative activities:

- Provide TA to MoH during annual health budget preparation for 30 MDAs, including parliamentary budget negotiations, and drafting of ministerial policy statements.
- Support the MoH to conduct quarterly budget execution analysis and develop quarterly budget performance bulletins.
- Support systems, develop tools, and work with USAID sub-national partners to improve district and local government budget execution and accountability.
- Support the national level planning and aligning with NDP, including support for rollout of program-based budgeting initiatives to improve performance and value for money.
- Provide TA to the GoU to promote sustainable national financing mechanisms for International Health Regulations implementation and response in emergencies.
- Support structures for multilevel, multisectoral, and whole-of-society planning and budgeting for surveillance, epidemic preparedness, and pandemic response using the One Health approach for prevention, detection, and effective response to outbreaks and health threats.
- Institutionalize the use of costing studies to inform resource allocation decisions and health financing policies, including the National Health Accounts, the National AIDS Spending Assessment, and Activity-Based Costing and Management approaches.

IR 1.3 PFM Strengthened

According to a study conducted by the World Bank, both MoH and Ministry of Finance, Planning, and Economic Development (MoFPED) estimated that Uganda loses at least $11 million annually, 36.7 billion Ugandan Shillings, due to waste and inefficiency. A more recent study by GIZ (German development agency) indicated that addressing corruption in the health sector in Uganda could result in annual savings of up to 25% of government spending on health. While this Activity is not an anti-corruption activity, strengthening PFM is a key component to reduce waste and misuse of public resources in the sector. In addition, improving efficiency in utilization and value for money is necessary for the health sector to improve services overall. In this regard, experience from USAID, the World Bank, and ENABEL (Belgian Development Agency) in Uganda and elsewhere suggest that RBF approaches can improve efficiency and productivity of staff if they are carefully designed and implemented.[6] Although USAID/Uganda does not intend to directly fund RBF interventions through this Activity, the Activity will support the GoU in its continued rollout of RBF implementation using loans and credits from the World Bank and other donors. As significant resources will be channeled to health facilities through RBF going forward, including a portion of the traditional PHC grants that the central government provides to health centers, strengthening the functioning of the RBF program will be critical for achieving greater synergy and complementarity between the GoU, USG, and other donors supporting health in Uganda.

Illustrative activities:

- Develop, strengthen, and implement innovative low cost/high impact accountability tools/platforms for citizens' use, such as the community scorecard, the U-report (a digital citizen engagement platform), and other self-reporting platforms.
- Identify and strengthen accountable performance-based financing mechanisms and e-Government Procurement (e-GP) to overcome current inefficiencies and misuses of resources in the sector.
- Support MoH to publish quarterly bulletin on sector-wide public spending against service delivery performance.
- Strengthen mechanisms for political engagement on PFM for accountability, including capacity building for the parliamentary PFM committee and parliamentary health committee.
- Institutionalize quarterly and annual public expenditure management reviews at national level to improve transparency and accountability of GOU and donor funds released to MOH for activities implemented at local governments.
- Develop and implement a resource tracking system based on international best practices and ensure its availability to the wider public in a user-friendly format.

IR 1.4 Innovative HCF Options Identified and Implemented

The Activity will work with MoFPED, Ministry of Local Government (MoLG), key parastatals, and other relevant ministries to advance health financing reform, including the anticipated national health insurance program. While the private sector has a significant presence, its potential, particularly in terms of financing health care, has not been fully explored and is less well understood. The Activity will assess existing potentials of the private sector in financing health care in Uganda and identify and facilitate private investment opportunities in collaboration with the MoH. This Activity will provide technical assistance support and collaborate existing and upcoming private sector awards in USAID, to improve health service delivery.

Illustrative activities:

- Support the establishment of pre-payment mechanisms to reduce out-of-pocket expenditure on health, including the national health insurance scheme.
- Assess the viability of existing community-based and microhealth health insurance schemes and explore ways to harmonize them to improve risk pooling and sustainability.
- Work with the Public Private Partnerships in Health (PPPH) desk at the MoH and provide TA to develop policies and implement innovative strategies to strengthen and increase private sector investments in health, including through contracting out services to the private sector, social contracting, and convening private sector round table engagements.
- Engage and mobilize private sector entities to provide targeted support to health programs of interest to MoH and USAID, with the goal of improving health systems and health outcomes.
- Support the GoU to develop and implement a multiyear sustainability and transition plan for the HIV/AIDS response being supported by the President's Emergency Plan for AIDS Relief (PEPFAR).
- Provide TA to MoH at national level to design and implement a framework to strengthen referral systems between the private and public sector facilities and improve efficiencies in health service delivery, thereby leveraging capabilities within the private sector where this is lacking in the public facilities. Special focus should be given to private sector involvement in pandemic preparedness.
- Work with sub-national USAID partners to cascade the private sector support to target districts and city governments.

Objective 2: HRH Strengthened

The Activity's anticipated outcomes under this objective are increased availability of health workers in the public sector, improved skills, and increased productivity of the health workforce at all levels of the health systems. While the overall production of health professionals has increased in Uganda (except for a few cadres), the government has not been able to absorb substantial numbers of those that graduate and are available to work. As a result, there is still a significant shortage of health workers at all levels. The Ministry of Public Service (MoPS) recently revised its outdated staffing structure, more than tripling the current staffing level in the health sector, which is an important step in improving HRH availability. Currently, there are about 510 PEPFAR-supported health staff seconded to public and private-not-for-profit (PNFP) facilities. Of these, more than 240 health workers continue to be funded by USAID at an estimated cost of $1.4M annually. Approximately 190 of the 240 health workers are in the PNFP sector and are paid through sub-grants with the Uganda Catholic Medical Bureau, Uganda Muslim Medical Bureau, and Uganda Protestant Medical Bureau.

The Activity will continue to fund the salaries of the seconded health workers at public facilities at GoU rates, and those at PNFP facilities through sub-grants to the medical bureaus. The Activity will strengthen the bureaus' ability to plan, budget, and manage their health workforce (facility-based and outreach); improve supervision and reporting; increase retention rates; and promote the absorption of these seconded health care workers onto GoU or PNFP facility payrolls by the end of the Activity life. Specifically, in year one, the Activity will work towards transitioning five percent of the PEPFAR seconded HRH at PNFPs to the PNFPs' payroll. From year two onwards, the Activity will develop a plan that is aligned with the PEPFAR sustainability plan to reduce the GOU's and PNFPs' reliance on PEPFAR seconded HRH over the lifetime of the award. Part of the approach will include business planning to facilitate innovative approaches to finance HRH in the PNFP sector and optimizing/improving service delivery models to enhance human resource efficiency. The transition process must ensure that there is no disruption in HIV service delivery.

In addition to the seconded health care workers mentioned above, the Activity will continue to provide salary support for technical advisors embedded at the MoH and seven RRHs. These include, but are not limited to, seven Epidemiologists, seven PFM experts, and five Information and Communication Technology (ICT) Officers.

Health workers' performance and productivity remain suboptimal despite the government's efforts to improve staff working conditions, including the recent salary enhancement. The Activity will support the GoU to strengthen staff performance and productivity through use of contextualized and innovative interventions.

Anticipated Outcomes:

- Vacancy fill rate in the health sector increased from 78% currently to 90% at the end of the project.
- Health staff absenteeism rate decreased from approximately 50% currently to less than 20%.
- Annual wage analysis and recruitment drive supported nationwide to ensure timely recruitment of staff.
- The new staffing structure adopted by the central MOH, all districts and health facilities nationwide with a 20% increase in staffing levels each year.
- Proportion of staff who receive performance evaluation increased from 70% currently to 90%.
- A virtual training platform created at the Mbale Institute of Human Resource Development and made accessible to all registered health professionals.
- Proportion of HRH funded by PEPFAR reduced by at least 40%.

2.1 Strategic Planning for HRH Improved

To implement changes to the health sector staffing structure, the MoH has reorganized the management of HRH under two departments: the Department of Human Resource Development (HRD) and the Department of Human Resources Management (HRM). The Activity will support the MoH to operationalize the 10-year HRH strategy and adopt a comprehensive approach to national HRH planning and implementation.

Illustrative activities:

- Strengthen the capacity of HRM and HRD departments in the MoH to improve evidence-based health workforce planning, management, development, and governance, including the capacity for HRH wage analysis, budgeting, and recruitment. The Activity shall focus on improving recruitment of cadres that are critical for health system performance e.g. DHOs.
- Conduct periodic national HRH analysis and HRH audits using various tools like the Integrated Human Resources Information System, Workload Indicators of Staffing Need, and labor market analysis to inform policy decision making and evidence-based HRH planning, management, and financing.
- Support the development and institutionalization of strategies to strengthen community health workforce availability and sustainability and the transition of PEPFAR seconded staff to the GoU and PNFP payrolls.
- Support PNFPs to strengthen their business models so they are able to incrementally absorb and retain health workers. Expect an annual reduction of staffing by 5% in alignment with PEPFAR sustainability goals.
- Support the development and implementation of innovative HRH retention policies to attract health workers to hard-to-reach and hard-to-stay areas.

- Support the MoH to conduct the midterm review of the 10-year HRH strategic plan and suggest course corrections.
- Support the MoH to establish e-training platforms for in-service training and improve the capacity of regional HRH training centers.
- Collaborate with, and provide TA to One Health line ministries, departments, and agencies to develop a workforce development strategy that informs availability, competencies, key disciplines/cadres, and their optimal deployment to address needs for surge support in the event of an outbreak or health threat.

IR 2.2 Performance Management of Health Workers Strengthened

Health worker performance continues to remain a key challenge for Uganda's health sector. This could be improved by instituting proper staff performance management practices.

Illustrative activities

- Strengthen relevant Ugandan professional associations to promote HRH quality, accountability, and health workforce productivity.
- Provide TA to the MoH and the MoPS to institute more effective and efficient digitized mechanisms that monitor staff attendance to duty and link attendance to employee compensation at all levels.
- Support the MoH to more regularly use the revised client satisfaction survey tool (already incorporated into the Health Facility Quality of Care Assessment Program) to inform program planning for improved staff performance.
- Support MoH and MoPS to develop robust performance management and supervision systems for health cadres that include digitized appraisal processes, performance indicators, targets, and supervision tools.
- Support MoH in collaboration with the Health Service Commission, MoPS, and MoLG to review and implement revised District Health Officers' and Health Facility In-charges' job descriptions and performance contracts with measurable indicators for improved accountability and quality services.

IR 2.3 The Capacity of the Health Workforce Improved

Health workforce development/training plays a pivotal role in improving workforce capacity and performance to provide high quality services to the population. One of the objectives of the 10-year HRH strategic plan is to develop an adequate health workforce to meet the changing needs of the country, ensuring the right skills mix, and quality and integrated sector-wide training planning to match HRH supply to country needs.

While the number of graduates from both public and private pre-service training institutions has increased, there is widespread recognition that the quality of pre-service education for health workers is declining. The current pre-service curriculum does not include content on data collection, recording, and analysis. In-service training is essential for healthcare professionals to keep their knowledge and skills up to date, learn about new developments in the field, and improve the quality of care they provide to patients. The Activity will work at the national level to review policies and revise training content to ensure they match current best practices.
Illustrative activities:

- Support the MoH to develop and institutionalize cost-effective mechanisms, including use of electronics/technology for continuous professional development and in-service training to improve skills application and professional qualities of the health workforce.
- Support the National Council for Higher Education, MoH, and health professional councils to strengthen processes for accreditation and oversight of health training institutions to improve professional standards and training quality.
- Support the MoH to build the capacity of RRH staff and district health teams to respond to and effectively manage health emergencies and disease outbreaks.
- Support improved quality, utilization, and linkages of HRH institutions/systems providing in-service training and continuing professional development, such as the e-learning platform at the Institute of Human Resource Development in Mbale.
- Second, at least two ICT officers at the Institute of Human Resource development Mbale to build institute capacity in management and maintenance of e-learning platforms.
- Provide TA to finalize and operationalize the critical care nurse curriculum.
- Support a scholarship scheme to train 100 critical care nurses and short-term emergency medicine training to improve intensive care unit services in 18 regional hospitals and selected general hospitals across the country. The support should include a database/landing portal to facilitate quick access to emergency workers.
- Expand existing video conferencing equipment capacity to increase e-learning and skills transfer for health workers from the center to sub national levels to address capacity gaps during emergencies and disease outbreaks.

Objective 3: HIS Strengthened

Timely and reliable data are essential to support implementation of other health system building blocks. The MoH in Uganda relies on data from multiple health facilities, population-based surveys, civil registration, and vital statistics systems to develop policies and improve service delivery. Since 2012, the MoH has been using standardized paper tools to collect routine data, which are eventually aggregated into the District Health Information Software (DHIS2), an open source, web-based platform used to manage health information. Significant progress has been made in improving data collection, routine reporting and data quality. The Uganda Bureau of Statistics (UBOS) is the principal agency responsible for collecting, processing, analyzing, and disseminating data.
USAID/Uganda has provided TA to UBOS for the implementation of the DHS and Malaria Indicator Survey and for statistical development at large. Continued support to strengthen the capacity of data collection and use of key health statistics remains a priority.

In May 2023, MoH officially launched the Health Information & Digital Health Strategy 2021-2025, whose goal is to provide strategic guidance on how to develop and implement sustainable information and digital health initiatives. The Activity will help to integrate and improve interoperability of existing HIS, support the MoH to put in place accountability and governance of data systems, strengthen and harmonize community HIS, and enhance data quality tools and approaches through achieving three interrelated IRs.

Anticipated Outcome:
- Shift from using manual data reporting to digital platforms with approximately 600 facilities using the EMRs.
- At least 95% of all HMIS reports submitted on time.
- Capacity to conduct further analysis using routine and survey data built within the Department of Health Information.

- Health Information Exchange developed to enable interoperability between approved MOH EMRs and other systems including but not limited to logistics and laboratory in at least 600 facilities.
- The eCHIS scaled up for use with at least 30% of community health workers reporting through the system.
- Increased data quality score to at least 70% on key indicators.

IR 3.1 Digital Health Platforms Harmonized and Strengthened

Implementation of and investment in digital health platforms has largely been led by donors. In addition, other structural challenges such as poor internet access, limited electricity supply, and low ICT skills have made it difficult for MoH to fully operationalize digital health platforms. The MoH and collaborating partners must work together to harmonize and ensure integration of systems.

Illustrative activities:

- Support the MoH to administer the Digital Health Maturity Matrix at intervals agreed to with the MoH, but at least twice during the project life.
- Undertake an ICT infrastructure assessment for lower-level facilities to determine readiness for digital health platforms.
- Support integration of legacy systems (as defined by MoH) with the official approved patient-centric electronic health information system(s).
- Before full transition to digital platforms, support MoH with HMIS tools review, quantification and printing of HMIS tools, and training of trainers to cascade to the lower levels.
- Procure assorted ICT equipment based on programmatic needs.
- Work with MoH to harmonize and standardize community health reporting.
- Support the development and roll-out of electronic community health information systems.

IR 3.2 Coordination of HIS Governance Streamlined and Strengthened

MoH has formal structures to manage HIS. The Activity should develop and strengthen synergies between the key HIS stakeholders to set standards and ensure coordination in data management, use, and dissemination.

Illustrative activities:

- Conduct joint organizational capacity assessments and digital health readiness assessments of key HIS actors within the MoH and other relevant Ministries, Departments, and Agencies to assess the gaps and needs to effectively implement the digital health strategy.
- Work with relevant Ministries, Departments, and Agencies (health and critical non-health entities) to establish data sharing and data protection acts in health.
- Support the development and roll-out of relevant guidelines for HIS governance.
- Based on the assessment, identify opportunities to sustainably strengthen the Division of Health Information to fulfill its mandate.
- Work with the MoH to identify how private sector partners could potentially contribute to the strategy's implementation and assist in the process of contracting.

IR 3.3 Health Information Planning and Management Strengthened

The sources of health information include individuals, facilities, and population-based surveys. According to WHO, a functional HIS should be able to generate data from these sources. In addition, it should have the capacity to detect, investigate, communicate, and contain events that threaten public health security at the place they occur, and as soon as they occur. Finally, it should be able to synthesize information and apply this knowledge[7]. Although Uganda has made progress, gaps still remain.

Illustrative activities:

- Support MoH; UBOS; and other relevant Ministries, Departments, and Agencies to build capacity in data management, analytics, and use to inform policy development and implementation.
- Support the MoH to implement priority interventions described under the newly launched Health Information and Digital Health Strategy, including implementing a monitoring and evaluation plan.
- Support the MoH to update, design, and roll out HMIS tools according to department needs.
- Support MoH to develop and implement HMIS data cleaning standards, and data quality assessments on key indicators.
- Support MoH to develop and implement governance structures and tools to be utilized in HIS implementation. These include, but are not limited to, the technical working groups and steering committees under the Division of Health Information.

Objective 4: Community Health Systems Strengthened

Preventable communicable diseases drive the largest proportion of Uganda's disease burden, though non-communicable diseases are rising. Disease prevention and health promotion cannot be done by health facilities and medical staff alone. With that in mind, the GoU introduced the VHT program in 2001 to mobilize communities for health programs and strengthen health service delivery at household levels. Since then, the VHT program has faced many challenges related to the VHTs' voluntary status. They are not formally recognized or supervised; their training and remuneration are not standardized; and they lack the tools, commodities, and reporting documents necessary to optimize their performance. These challenges have impacted the quality of services that the VHTs provide and limited their impact on improving health outcomes.

To address these challenges, the MoH plans to institutionalize a more robust community health cadre of CHEWs as part of its new NCHS, pending the results of the two districts piloting of this cadre. The introduction of CHEWs was planned by the MoH based on other countries' (primarily Ethiopia's) successful experience implementing similar programs.[8] Regardless of the decision made regarding the CHEWs pilot, the GoU will continue using community workers in various forms, and the planning and implementation will require ongoing support.

Illustrative Outcomes:

- Community Health Extension Workers adopted as a formal health worker cadre by the Ministry of Public Service.
- Training and supervision of community health workers (CHEWs, VHTs, etc.) is standardized.
- Reporting tools are created for the various cadres of community health workers.
- Standard community package for integrated service delivery by community health workers developed.

IR 4.1 Key Aspects of the NCHS Prioritized and Operationalized

The NCHS aims to empower households and communities to take greater control of their health. The strategy highlights the following priorities:

- Revitalize community service delivery through community involvement and integration of services.
- Introduce CHEWs as a new health cadre.
- Strengthen community HIS.
- Improve the community health supply chain and increase community health financing.
- Strengthen leadership and governance of community health systems at all levels.

The strategy envisions stronger linkages between the community and health facility structures. Successful implementation of the NCHS therefore requires strategic support at the central level. The Activity proposes to address this through the illustrative activities mentioned below.

Illustrative activities:

- Support the MoH to develop a robust implementation framework for the NCHS and its dissemination at the national level, and coordinate with other stakeholders to cascade to the sub-national level.
- Provide TA to the MoH to standardize community guidelines around information systems, mentorship, oversight, and supervision of community health services, and the governance and leadership of community health programs.
- Work with MoH to revise and disseminate guidelines for service referrals, client feedback, social accountability, and client-led monitoring for improved community health service delivery.
- Support the development and utilization of an investment case for community health systems for Uganda.
- Reactivate the national community technical working group to support MoH and key partners to improve community service coordination, implementation, and monitoring.
- Support capacity development and strengthening for community health departments at the regional referral hospitals to coordinate community health activities and programs.
- Provide technical assistance to the MOH to harmonize, standardize community reporting and develop systems for community data utilization.

IR 4.2 Community Health Workforce Strengthened

If the CHEWs pilot produces positive results, and the MoH decides to move forward with the implementation, the Activity will provide support to institutionalize this new cadre. Should the MoH decide against scaling up the pilot activities, then the Activity will, in consultation with USAID/Uganda and the MoH, jointly develop a plan to strengthen the VHT program and other community-based health workers and their interventions.

Illustrative Activities:

- Provide TA to the MoH in developing/updating the processes of CHEWs selection and facilitating national tutors, training, and supervision of the community workforce to be job ready.

- Support MoH to strengthen governance and leadership structures at the national and subnational levels for oversight of CHEW implementation.
- Support the development, review, and update of the training curriculum and entry requirements for community health workers training, including capacity building of community workers. Facilitate analytics and provide evidence to guide MoH and donors on sustainable financing for the community health workforce. This may include designing/testing models to integrate and transition USG supported community health workers within the PHC system.
- Support the establishment of a policy engagement fora for stakeholders, including MoH, Ministry of Education and Sports (MoES), MoFPED, MoLG, MoPS, and development partners directly investing in community health programs.
- Strengthen the linkage between the community health department at MoH and the community health departments at the RRHs; and develop clear guidelines with roles and responsibilities for community engagement, including community-led monitoring of service delivery.
- Provide TA to develop community structures and guidelines to strengthen community response during or in preparation for global health threats.

A.4. IMPLEMENTATION APPROACH

A.4.1 Geographic Focus

The Activity will operate at the central/national (above-site) level. Expectations for collaboration at the sub-national level are described in section A.4.2.

A.4.2 Collaboration and Coordination with the GoU, other Donors, Institutions, and Implementing Partners

Uganda's decentralized structure assigns responsibilities to both central and local governments. Strengthening health systems at each of these levels is critical to improving population health outcomes. As an above-site mechanism, the Activity is expected to closely coordinate with the MoH and other relevant Ministries, including but not limited to, MoH, MoFPED, MoPS, MoES, MoLG, and Ministry of ICT to develop policies and strategies and implement the activities required to achieve the objectives outlined in the results framework.

Coordination with Ministries, Districts and Agencies, other donors, and implementing partners operating at national and sub-national levels, including districts and health facilities, is essential to ensuring the technical support provided at the national/central level is cascaded down to the district, health facility, and community levels effectively. This close coordination will avoid duplication of efforts and maximize the impact of USAID's investments.

The other donors the Activity is expected to collaborate with include, but are not limited to, the World Bank (health financing and strategic purchasing), WHO (policy, governance, and HRH), UNICEF (community health systems), ENABEL (results-based financing), the Global Fund (health systems investments), and the Uganda Healthcare Federation (private sector investment in health).

The USAID/Uganda implementing partners the Activity will work with include, but are not limited to, the Uganda Health Activity, the Local Partners Health Services Activities, the Local Service Delivery Activity, the Family Planning Activity, MCHN, the Malaria Reduction Activity, and OHH strategic information technical support mechanisms. It is envisioned that the Activity will provide technical assistance at national level and work in close collaboration with subnational partners to cascade the

health system strengthening activities. In addition, USAID supports activities in other sectors that are relevant for the Activity, including the Domestic Resources Mobilization and Civil Society Strengthening

Activities under the Office of Democracy, Rights and Governance; and the Strategic Investment Activity under USAID/Uganda's Economic Growth Office. The Activity is expected to work with the aforementioned implementing partners and key stakeholders to ensure the policies, strategies, and activities created and conducted at the central/national level are translated down to the decentralized and service-delivery levels. The Activity is also expected to build on platforms created through these activities and effectively collaborate to identify opportunities for synergies.

A.4.3 Set-Aside for Staff Salaries

The Applicant is expected to provide funding to Ugandan organizations, including the three Medical Bureaus to pay salary support to seconded staff in the public and PNFP sector outlined in Objective 2 above. This set-aside should be approximately 20% of the project budget. The Applicant may choose to also sub-grant to select government institutions; Ugandan non-governmental organizations; local civil society organizations; community-based organizations; academia and professional bodies; and/or other relevant non-state actors, including private sector firms that support the objectives of the Activity. Grants may include performance-based or any other innovative approaches that mitigate fraud, promote accountability, and improve effectiveness and efficiency. Grants may support capacity building, TA needs, personnel, equipment, and select operational costs that are determined critical for health systems improvements. Approval/concurrence on the selection of grantees will be done in consultation with USAID to ensure compliance with USAID requirements for approval of grants with government and non-government entities.

A.4.4 Sub Awardees, Capacity Strengthening of Local Entities, and Transition Award

In addition to the technical activities and set-aside guidelines above, the USAID Strengthening Local Health Systems Activity aims to develop the capacity of Ugandan sub awardees so that one or more of the prime awardee's sub-Recipients qualify for and receive a Transition Award from USAID by at least Year 4. The sub awardees should have technical expertise in any one of the three result areas: community systems strengthening, health workforce planning and management, or health information systems. As defined by the USAID Automated Directives System (ADS 303), a Transition Award is an assistance award to a local entity or locally established partner (collectively referred to as local sub-Recipients) that is or has been a subaward under a USAID assistance award.

Uganda features a rich ecosystem of local public and private organizations able to deliver a variety of health system strengthening services. USAID/Uganda remains committed to expanding and strengthening our partnerships with local entities, including NGOs, CSO/CBOs, and the private sector. In light of this, USAID/Uganda is proud to continue the journey of enabling and empowering local entities, such as those with an array of organizational structures, capacity, and recipient and subrecipient management experience.

The Activity will take a facilitative approach to empower Ugandan organizations to lead HSS and prepare for potential Transition Award(s). Please note: the Applicant is not required or expected to transition all consortium sub awardees; however, USAID expects the prime Applicant to provide targeted organizational capacity strengthening to all local sub awardees. The Applicant must ensure sustainability of the Activity outcomes by 1) developing local partners' organizational, technical, and programmatic capacity through training, mentoring, and collaboration and 2) facilitating the Transition Award for one or more IRs over the course of the award.

To strengthen local partners and position them to meet USAID requirements for direct awards, the Applicant must submit a Local Partner Capacity Development and Transition plan detailing the following:

1. Sub-Recipient management proposing how the Applicant will identify and manage local sub awardees. The plan should specify which local sub awardees from within its consortium would potentially be eligible for Transition Award(s). This section of the plan should also include:
    a. clearly documented process for or experience co-designing work plans, performance milestones, budgets, feedback mechanisms, and reporting requirements for sub-grantees/awardees.
    b. reporting against performance expectations related to sub-grants/awards including performance, relationship quality, level of empowerment/decision making authority given to sub-Recipients including the methodology for determining performance and including sub-Recipient feedback in the process; and
    c. an approach to establish fair budgets with sub awardees.

2. Capacity development for local subrecipients in line with the requirements of the CBLD-9 standard indicator (percent of USG-assisted organizations with improved performance). CBLD-9 states that an organization can be counted as having improved organizational performance if it meets the following conditions:
    a. As reflected in the Activity Theory of Change (A.3.2), resources (human, financial, and/or other) were allocated for organizational capacity development.
    b. An organization demonstrates that it has undergone and documented a process of performance improvement, including the following four steps:
        i. Obtaining organizational stakeholder input to define desired performance improvement priorities,
        ii. Analyzing and assessing performance gaps (the difference between desired performance and actual performance),
        iii. Selecting and implementing performance improvement solutions (or the development interventions), and
        iv. Monitoring and measuring changes in performance.
    c. An organization demonstrates that its performance on a key performance indicator has improved.

3. A Transition Award of one or more IRs to one or more suitable local subrecipients as a key outcome of capacity development. The Applicant's plan should:
    a. Identify elements important for organizational and programmatic sustainability within the context of the Activity;
    b. Lay out a plan to assess and, if necessary, develop programmatic, operational, financial, and technical capacities within the relevant local subrecipient(s) to meet those elements following the activity period of performance;
    c. Lay out a plan to create or strengthen the relevant local subrecipient(s), including through strategic planning, registration, and business planning;
    d. Define indicators, targets, and milestones to track progress towards these plans; and
    e. Include a process to develop an adaptive transition strategy at onset of award through implementation, which will define how the Recipient plans to transition key program elements to the local subrecipient(s) by no later than Year four (4).

Prior to recommending a local subrecipient to USAID for a direct Transition Award by at least Year 4, the Recipient must demonstrate that the local subrecipient has met, at the minimum, the below stated capacity development criteria.

- Has demonstrated technical and management experience;
- Has the ability to use relevant IT systems;
- Has demonstrated an ability to maintain relationships with stakeholders;
- Has well-defined indicators of success and the ability to monitor its own program performance in a cost-effective and efficient manner;
- Has the necessary staff with the knowledge, skills, and abilities to carry out a program;
- Has proficiency of financial management systems and internal controls;
- Can address other general areas that would indicate potential success in managing specific technical programmatic areas; and
- Has the ability to comply with the Standard Provisions for Non-U.S. Non-Governmental Organizations of a USAID award;

The recipient is responsible for developing the local subrecipient's capacity and tracking progress towards meeting the above criteria for a transition award. Prior to award, unmet criteria may be addressed through Special Award Conditions to ensure that the capacity development objectives are fulfilled at the discretion of the Agreement Officer and Agreement Officer's Representative. Special Award Conditions are the activities required to improve capacity, specifically the local subrecipient's organizational and financial management procedures, with specific benchmarks and goals needed to prepare the local subrecipient for independent operations that meet USG standards. These conditions, along with the respective payments tied to each, will be incorporated into the Activity agreement via an award modification.

For the purposes of this award, USAID considers a 'local subrecipient' to be those that meet either the definitions of 'local entity' or 'locally established partner' as defined in ADS303 and below:

Local Entity -

As defined in Section 7077 of Public Law 112-74, the Consolidated Appropriations Act, 2012 (P.L. 112-74), as amended by Section 7028 of the Consolidated Appropriations Act, 2014 (P.L. 113-76), and included by reference in subsequent appropriations acts, local entity means an individual, a corporation, a nonprofit organization, or another body of persons that—

(1) is legally organized under the laws of;

(2) has as its principal place of business or operations in; and

(3) is (A) majority owned by individuals who are citizens or lawful permanent residents of; and (B) managed by a governing body the majority of who are citizens or lawful permanent residents of a country receiving assistance (i.e., Uganda).

For purposes of this definition, "majority-owned' and "-managed by" include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or most of the organization's governing body by any means."

Locally Established Partner (LEP) -

A U.S. or international organization that works through locally led operations and programming models in Uganda. LEPs:

- Have maintained continuous operations in-country for at least five years and materially demonstrate a long-term presence in a country through adherence or alignment to the following:
    - Local staff should comprise at least 50 percent of office personnel,
    - Maintenance of a dedicated local office,
    - Registration with the appropriate local authorities,
    - A local bank account, and
    - A portfolio of locally implemented programs.
- Have demonstrated links to the local community, including:
    - If the organization has a governing body or board of directors, then it must include a majority of local citizens;
    - A letter of support from a local organization to attest to its work; and
    - Other criteria that an organization proposes to demonstrate its local roots.

Note: While this NOFO outlines USAID's intent to make a transition award to a qualified local subrecipient, there is no guarantee that the Agency will make a transition award. Decisions related to issuing a transition award and the selection of transition award recipients are solely within USAID's discretion (ADS 303mbb).

A.4.5 Collaboration, Learning and Adapting (CLA)

The Recipient is expected to contribute to USAID's multi-faceted CLA approach to achieve more effective development. The CLA model is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative. It tests promising, new approaches in a continuous, rapid search to generate improvements and efficiencies by building on what works and eliminating what does not. CLA creates the conditions for fostering broader development success by:

Collaborating: Leveraging partners and synergies to achieve system-wide objectives instead of working in a silo. Identifying areas of collective action and shared interest to reduce duplication of efforts and share knowledge across the sector.

Learning: Generating and feeding new innovations and performance information back into the program strategy to inform program management, design, USG-GoU policy dialogue opportunities and funding allocations.

Adapting: Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions and game changers, into strategic and programmatic adjustments.

CLA is envisioned as a pathway to build a learning organization and cultivate learning practices, at the Activity team level, but also across USAID/Uganda's portfolios and with the GoU, local partners, the private sector, and other key stakeholders. The ability to learn and adapt program approaches will therefore be critical to the success of the program and the Activity must build adaptive learning approaches into program implementation. The Applicant is expected to propose a robust CLA plan that outlines how collaboration, learning, and program adaptation can occur.

Annual work plans and activity monitoring evaluation and learning plans must describe how the Recipient will ensure that the implementing team, systems, and processes are well-developed for advancing an adaptive approach, and that the learning that emerges can be translated to an adjusted activity implementation approach in collaboration with partners. Driving and monitoring the Activity's effectiveness in such a challenging institutional landscape will require the Recipients careful

consideration of what types of short, focused studies and methods for providing rapid program feedback would be suitable and provide attractive evidence for making program course corrections and decisions.

A.4.6 Private Sector Engagement

USAID believes that the Ugandan private sector can play a significant role in improving health services for Ugandans through market-based solutions. The Activity is expected to partner with the private sector to mobilize domestic resources for health and promote more efficient market based solutions in alignment with USAID's Private Sector Engagement Policy.

To this end, the Activity will work closely with the PPPH desk at the MoH to participate in and facilitate regular coordination meetings. The Recipient will strengthen this unit to develop conducive policies for engaging the private sector including through contracting out public services to the private sector. National level engagement should be aimed at stimulating private sector initiatives to be cascaded down to sub-national level, through district and city-based implementation partners.

In addition, the Recipient will explore opportunities to work jointly with private sector partners, both in health and other non-health sectors, to generate innovative approaches to increase the private sector's contribution to improved health services and support for the public sector. In addition, the Activity will explore various avenues to convene private sectors and identify opportunities for strategic partnerships to strengthen the health system. The Recipient will work in close collaboration with existing and future USAID implementing partners working with the private sector to strengthen service delivery and improve health outcomes especially in urban and peri-urban areas.

Finally, the Activity should have the flexibility to enable private sector collaboration at various stages, adapt based on evidence and market opportunities, and integrate private-sector perspectives and constraints to investment into the theory of change, analyses, and monitoring, evaluation and learning plans.

A.4.7 Gender Considerations

The Uganda health system is faced with gender related challenges that disproportionately affect access to and utilization of health services, including dominance of women in mid and lower-level positions and under-representation in management positions despite constituting 54 percent of Uganda's health workforce; high (one in four) cases of sexual harassment among female health workers; inadequate inclusive approaches and discrimination among vulnerable populations such as people with disability and youth; weak budget execution for gender and equity priorities; and high out-of-pocket health expenditure.

Promoting gender equality and advancing the status of women and girls, boys and men and other vulnerable populations are vital to achieving USAID's development objectives. Gender interventions will be integrated in all the phases of the Activity, the Applicant will be expected to demonstrate compliance with USAID ADS 205 and should explicitly state how the Activity will support the gender policies and strategies of the United States and the GoU. This Activity will promote, and support women led and youth led organizations to the extent possible to improve access to financing for health. Building on USAID's 2023 Gender Equality and Women's Empowerment Strategy, and according to guidance provided under ADS 205, Integrating Gender Equality and Female Empowerment in USAIDS's Program Cycle, the Activity will conduct a gender analysis to identify key gender barriers related equity, quality and resource optimization for high service coverage. The Activity will develop a gender action plan/strategy with clear approaches that will advance the integration of gender equality, empowerment

and participation of all women and girls, men and boys, and other vulnerable individuals across the health care system; and increase staff capacity and accountability for achieving gender equality outputs and outcomes.

Cross-cutting illustrative activities may include:

- Support the inclusion of gender equality and equity considerations into health policies, guidelines, strategies, and tools at the national and sub-national levels as appropriate.
- Strengthen the health system to deliver inclusive, quality, and accountable health services.
- Explore policies that make existing health care systems more inclusive and accessible to adolescent girls, women, people with disabilities, GBV survivors, and vulnerable populations.

A.4.8 Youth Considerations

Uganda has one of the youngest populations in the world, with approximately 80% of people below the age of 30. The Applicant must consider this dynamic in its proposed approach to the four objectives in the results framework.

A.4.9 Climate Change Mainstreaming

Climate change's impact on the health and well-being of people globally is reaching catastrophic levels and threatening the sustainability of health systems' performance. USAID/Uganda supports health systems to adapt to all hazards, including climate change by strengthening their capacity to absorb, adapt to, and transform if necessary to ensure acceptable, accessible, quality care to the communities they serve every day, not just during times of shocks. The Applicant is expected to incorporate climate change mitigation and resilience activities and strategies in the proposal.

A.4.10 Environmental Compliance and Management

1a) The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered, and that USAID includes environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 211.3.2.b and 204 (http://www.usaid.gov/policy/ads/200/), which in part require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Applicants' environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this NOFO.

1b) In addition, the recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

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

2) Environmental Review: All USAID funded activities must comply with 22 CFR 216. Pursuant to this, the Strengthening Local Health Systems Activity is covered by an Initial Environmental Examination (IEE) file name: Uganda_ OHH _IEE_111622, which expires on March 31, 2027

3a) As part of its initial work plan, and all annual performance reports (including annual work plans) thereafter, the Recipient, in collaboration with the USAID Agreement Officer's Representative and Mission Environmental Officer or Bureau Environmental Officer as appropriate, shall review all on-going and planned activities under this Cooperative Agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.

3b) If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

3c) Any on-going activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is written and approved by USAID.

4) A provision for sub-grants is included under this award requiring the recipient to use an Environmental Review Form (ERF) or Environmental Review (ER) checklist as impact assessment tools to screen grant proposals to ensure that the funded proposals will result in no adverse environmental impact, to develop mitigation measures as necessary and to specify monitoring and reporting. Use of the ERF or ER checklist is called for when the nature of the grant proposals to be funded is not known well enough to make an informed decision about their potential environmental impacts, yet due to the type and extent of activities to be funded, any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the ERF or ER checklist is completed and approved by

USAID. Recipient is responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented. Guidance on the ERF and ER checklist is found at http://www.encapafrica.org/meoEntry.htm

The recipient will be responsible for periodic reporting to the USAID Agreement Officer's Representative, as specified in the program description of this award.

A.5. MONITORING, EVALUATION, AND LEARNING

A.5.1 Monitoring and Evaluation

The Activity will develop a robust Monitoring, Evaluation, and Learning (MEL) plan with clear indicators and strategy for measurement within 90 days of award. The MEL plan will adopt both contextual monitoring and program related measurement techniques to measure the Activity's contribution to health systems outcomes of equity, quality, and resource optimization, as outlined in the USAID Vision for Health System Strengthening 2030. In addition, the MEL plan will have both standard and custom indicators to measure the progress of activities towards achieving the stated objectives. A baseline assessment and both midterm and end of project evaluations are anticipated under this Activity.

Illustrative Indicators:

Objective 1: Health Financing, PFM, Governance, and Accountability Strengthened.

- Health budget execution rates at national, district, and health facility levels.
- GoU health expenditure as a proportion of total health expenditures
- National health budget as a proportion of total GoU budget.
- RBF fully incorporated within the annual District Local Government Grants Guidelines.
- Gender and equity planning and budgeting at district and health facility levels.
- Number of public-private or private-private partnerships facilitated, brokered, strengthened, or established with USG support.
- Percentage of districts that support community health services in annual budgets.

Objective 2: HRH Strengthened

- Health worker absenteeism rate (disaggregated by district, health facility, cadre and sex)
- Number of technical resources developed with USG assistance to strengthen health workforce performance or productivity.
- Number of districts using the Integrated Human Resources Information System for HRH reporting and management.
- MoH has the capacity to conduct National Health Accounts and National AIDS Spending Assessments that meet accepted standards using their budget and human resources capacity.
- Percentage of approved positions filled across health worker cadres in public facilities.

Objective 3: HIS Strengthened

- Uganda's digital health environment is assessed using the Digital Health Maturity Matrix at the start and end of the project, and a measurable and meaningful improvement is seen.
- Reporting rates at the regional, district, and lower levels increased.
- Health workers at the regional, district, and lower levels report increased ease of use of the reporting systems they use.
- Interoperability of the HIS in place within the MoH is improved.

Objective 4: Community Systems Strengthened

- Number, disaggregated by cadre, of community health workers trained and deployed.
- Number of technical resources, including strategies, policies, and implementation frameworks, developed/reviewed/updated to strengthen community health systems with USG support.
- Number of technical resources including strategies, policies and implementation frameworks implemented to strengthen community health systems with USG support.
- Number of new formal and informal community health governance structures strengthened.

A.6. KEY PERSONNEL

The Applicant will provide their proposed Activity organizational structure, including key personnel and other staff. The proposed structure should clearly outline how each member will complement the others and work as a team to achieve the objectives of the Activity as outlined in the Program Description in Section A. The Applicant is expected to propose the necessary number of key personnel it deems appropriate (*not more than five*) to implement the Activity, with a suitable combination of

technical, analytical and management skills, related experience and interpersonal skills. All proposed personnel require 100 percent level-of-effort throughout the duration of the award in accordance with the substantial involvement clause of this award, and the five designated as key are subject to the approval by the Agreement Officer. **All Key Personnel must be employed by the Prime Recipient and fully attributed to this Activity.**

The Applicant will provide the following information for each of the key personnel they propose:

NO	Position Title	Name of Key Personnel
1	TBD	TBD
2	TBD	TBD
3	TBD	TBD
4	TBD	TBD
5	TBD	TBD

a) Below are the identified position descriptions, roles, responsibilities, and minimum skill sets for each specified key personnel:

1. **Position Title – TBD**

   Position Description

- TBD

  Roles and Responsibilities

- TBD

  For this position the candidate must be able to (skill sets)

- TBD

2. **Position Title – TBD**

   Position Description

- TBD

  Roles and Responsibilities

- TBD

  For this position the candidate must be able to (skill sets)

- TBD

3. Position Title – TBD

Position Description

- TBD

Roles and Responsibilities

- TBD

For this position the candidate must be able to (skill sets)

- TBD

4. Position Title – TBD

Position Description

- TBD

Roles and Responsibilities

- TBD

For this position the candidate must be able to (skill sets)

- TBD

5. Position Title – TBD

Position Description

- TBD

Roles and Responsibilities

- TBD

For this position the candidate must be able to (skill sets)

- TBD

b) Additional considerations are as follows:

1) Proposed personnel must have demonstrated abilities to interact effectively and collaboratively with a broad range of public and private sector counterparts and other key stakeholders. Working knowledge of the USG programming, process,

documentation, and business practices. The successful Applicant will have an appropriate mix of key personnel each bringing unique skills and synergy to the team. The Applicant must, for each personnel member proposed, include the position title, description, roles and responsibilities, and the skill set required.

2) The key personnel proposed and agreed to by USAID/Uganda will be considered essential to the work being performed under this Cooperative Agreement. The Recipient remains responsible for providing such key personnel for full time performance for the term of the Agreement unless otherwise agreed to by the Agreement Officer.
3) Failure to provide the key personnel designated above may be considered non-performance unless such failure is beyond the control, and through no fault or negligence, of the Recipient.
4) The Recipient must immediately notify the Agreement Officer and the AOR of any key personnel's departure and the reasons thereof and propose interim coverage while rectifying the situation.
5) The Recipient must take steps to immediately rectify this situation and will propose a substitute candidate for each vacated position to the Agreement Officer and the AOR along with a budget impact statement in sufficient detail to permit evaluation of the impact on the program.
6) The Recipient must not replace the key personnel without the written consent of the Agreement Officer whether provided in advance or by ratification. Any subsequent changes to the personnel identified in this section must be approved in writing by the Agreement Officer.

SECTION B: FEDERAL AWARD INFORMATION

B.1. ESTIMATED OF FUNDS AVAILABLE & NUMBER OF AWARDS

USAID intends to award **one** (1) Cooperative Agreement pursuant to this Notice of Funding Opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to $40,000,000 million in total funding over a five-year period. USAID reserves the right to fund any one or none of the applications submitted.

B.2. PERFORMANCE INDICATORS

To be determined (TBD) after award.

B.3. PERIOD OF PERFORMANCE FOR FEDERAL AWARD

The effective date of this Cooperative Agreement is the date of the Agreements Officer's signature. The period of performance for the Cooperative Agreement is five (5) years from **TBD** to **TBD**.

B.4. SUBSTANTIAL INVOLVEMENT

Consistent with ADS 303.3.11, USAID/Uganda will be substantially involved in the implementation of the USAID Strengthening Local Health Systems Activity. The intended purpose of AOR involvement during the implementation of the program is to assist the Recipient in achieving the program results and objectives. USAID/Uganda will provide technical knowledge and guidance to the Recipient on programmatic implementation and promote sharing and learning of successes and challenges. USAID's substantial involvement is required during award administration. Substantial involvement will include:

- Approval of the Recipient's implementation plans.
- Approval on the substantive provisions of subaward(s) including Transition Award(s).
- Direct involvement to ensure compliance
- Agency monitoring to permit specific kinds of direction or redirection of the work because of the interrelationships with other projects or activities
- Agency and Recipient collaboration or joint participation in project advisory committees-including approval of Recipient's Monitoring and Evaluation Plans, & communication with GOU officials
- Approval of specified key Recipient personnel
- Agency Authority to immediately halt construction activity

B.5. NATURE OF RELATIONSHIP BETWEEN USAID & THE RECIPIENT

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

B.6. AUTHORIZED GEOGRAPHIC CODE

The geographic code for the procurement of commodities and services under this program is **937** (the United States, the Recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source) is the authorized USAID Principal Geographic Code for the procurement of commodities and services). The Recipient must meet the source and nationality requirements set forth in 22 CFR 228 and ADS 310.

B.7. SUBAWARDS

In accordance with the USG regulations, 2 CFR 200 and 2 CFR 700, all sub awarding under this Agreement must receive prior approval of the Agreement Officer unless described in the application and funded in the approved budget of the award. In seeking approval, the Recipient must at a minimum, identify the sub-Recipient, the amount, and the purpose of award. Approval for the Recipient to award or enter into the following sub-agreements is granted with the signing of this Award by the Agreement Officer:

B.8. TITLE OF PROPERTY

Property title under the resultant agreement will vest with the cooperating country in accordance with the Requirements of 2 CFR 200.312 -Federally-owned and exempt property. For Non-US Non-Government Organizations, ADS Standard provision - Title to and Use of Property (December 2014) - title to all Property financed under this award vests in the Recipient upon acquisition unless otherwise specified in this award; applies.

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SECTION C: ELIGIBILITY INFORMATION

C.1. ELIGIBLE APPLICANTS

Eligibility for this NOFO is not restricted. In response to this NOFO, any U.S. or non-U.S. organization, non-profit, or for-profit entity is eligible to apply. Organizations may submit applications individually or in partnership with other international or local organizations.

USAID welcomes applications from organizations that have not previously received financial assistance from USAID. USAID assistance instruments do not require prior USAID experience.
Faith-based organizations are eligible to apply for federal financial assistance on the same basis as any other organization and are subject to the protections and requirements of Federal law.

To be eligible for award of a Cooperative Agreement, in addition to other conditions of this NOFO, 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, 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 by the Agreement Officer (AO). The AO may determine that a pre-award survey might be necessary to assist in establishing the responsibility of the Recipient to receive U.S. Government funding.

C.2. COST SHARING OR MATCHING

USAID has established a cost share of 5% of the projected award amount for the Recipient of the award. Such funds should be provided directly by the Recipient to contribute financially and/or in-kind to implementation of activities at the country level. This may include contribution of staff level of effort, office space, or other facilities or equipment which may be used for the program, provided by the Recipient.

Cost sharing, once accepted, becomes a condition of payment of the federal share. The proposed cost share (cash and/or in-kind contributions) will be monitored in accordance with 2 CFR 200.306 and 2 CFR 700.1. For guidance on cost sharing in grants and Cooperative Agreements, see 2 CFR 200 and 700, and ADS 303.3.10.

NOTE: The 5% cost share will be in addition to the total estimated budget for this NOFO. The Recipient will be requested to increase the cost share by a reasonable amount in case there is an increase in the Total Estimated Amount of this Cooperative Agreement. The AOR must monitor the Recipient's financial reports to ensure that the Recipient meets the above stated cost share.

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

D.1. AGENCY POINT OF CONTACT

To maintain a fair and transparent funding opportunity, USAID maintains strict guidelines on who within USAID may be contacted regarding applications or questions about the opportunity. Applicants must only contact USAID via the email address provided below

Koni Demissie
Agreement Officer
USAID/Uganda
Embassy of the United States of America
Gaba Road
Kampala, Uganda
Email: KampalaUSAIDSolicita@usaid.gov

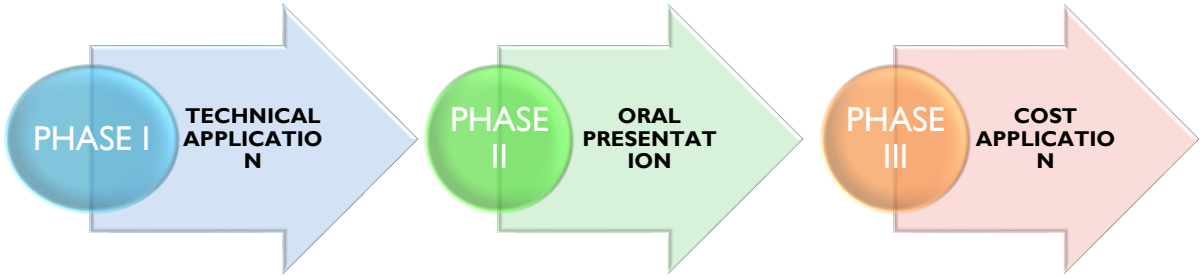
Deborah Shabomwe
Acquisition & Assistance Specialist
USAID/Uganda
Embassy of the United States of America
Gaba Road
Kampala, Uganda
Email: KampalaUSAIDSolicita@usaid.gov

D.2. QUESTIONS AND ANSWERS

Questions regarding this NOFO should be submitted by email no later than the date and time indicated on the cover letter, to KampalaUSAIDSolicita@usaid.gov. Questions sent to any other email address will not be answered. The email transmitting the questions must reference the NOFO number and title in the subject line of the email.

D.3. OVERVIEW OF THE APPLICATION PROCESS

Under this NOFO, there will be a three (3) phase process that is described below:



D.4. PREPARATION OF APPLICATION

Each applicant must furnish the information required by this NOFO. Applications must be submitted in three separate parts: the Technical Application, Oral Presentation and the Business (Cost) Application. This subsection addresses general content requirements applying to Phase 1,2 & 3 application. Please see subsections 6, 7 and 8, below, for information on the content specific to the Technical, Oral Presentation and Business (Cost) applications. The Technical application and Oral Presentation must address technical aspects only while the Business (Cost) Application must present the costs, and address risk and other related issues.

Both the Technical and Business (Cost) Applications must include a cover page containing the following information:

- Name of the organization(s) submitting the application;
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
- Program name: USAID Strengthening Local Health Systems
- Notice of Funding Opportunity number: **72061724RFA00001**
- Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303.
- Unique Entity ID for prime Applicant.
- System for Award Management (SAM) registration status.
- Signature of individual with authority to sign on behalf of the prime Applicant.

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

Applications in Phases 1, & 3 must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations.
- Written in English.
- Use standard 8 ½" x 11", single sided, single-spaced, 12-point Times New Roman font, 1" margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name.
- 10-point font can be used for graphs and charts. Tables, however, must comply with the 12-point Times New Roman requirement.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section B of this NOFO must be used in the cost application.
- The technical application must be a searchable and editable Word or PDF format as appropriate.
- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion, however, the official cost application submission is the unlocked Excel version.
- Oral Presentation slide decks must be submitted in both MS PowerPoint and Adobe PDF.

Applicants must review, understand, and comply with all aspects of this NOFO. Failure to do so may be considered as being non-responsive and may be evaluated accordingly. Applicants should retain a copy of the application and all enclosures for their records.

NOTE: Electronic submission of applications via e-mail is required at all Phases. The applications submitted at Phase 1 & 3 must be compatible with MS WORD or PDF (Portable Document File) with Optical Character Recognition format in Microsoft Windows. The apparently successful Applicant must also provide, upon request, the budget as text accessible Excel spreadsheet in Phase 3.

There has been a problem with the receipt of *.zip files due to the anti-virus software. **APPLICANTS MUST NOT SUBMIT ZIPPED FILES** in all the three selections Phases.

Applicants are expected to review, understand, and comply with all aspects of the NOFO in the three (3) Phases. **Paper copies of the applications are not accepted**. The address for the receipt of applications is: KampalaUSAIDSolicita@USAID.gov. Applications that do not follow the instructions contained herein run the risk of not being considered in the review process.

D.5. GENERAL APPLICATION SUBMISSION

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time. USAID/Uganda will only consider an application that is submitted on time, complete, and consistent with the submission requirements described in Section D of this NOFO.

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, and if applicable, as amended.

For an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical, oral presentation slide decks or cost application, and the desired sequence of the emails and their 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 that states: "[NOFO number], [Phase Number], [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 the electronic application if no instructions are provided or if instructions are unclear. The application received by the submission deadline will be reviewed for responsiveness to the NOFO and the application format. No addition or modifications will be accepted after the submission date.

After you have sent your application 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 and file name 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.

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, should 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 Application 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 the 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."*

D.6. PHASE 1: TECHNICAL APPLICATION INSTRUCTIONS

The Technical Application should be specific, complete, and presented concisely. The application must demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The application must take into account the requirements of the Program Description (Section A) and Merit Review Criteria (Section E) found in this NOFO. Applicants are advised that any pages exceeding any of the prescribed limits below will not be considered for evaluation.

The Technical Application is limited to a maximum of 20 pages (excluding cover sheet, table of contents, acronyms, executive summary, and annexes). It must include the following Sections in the prescribed order:

A. Cover Page: not to exceed 1 page.

B. Table of Contents: Not to exceed 1 page.

C. List of Acronyms: Not to exceed 2 pages.

D. Executive Summary: Not to exceed 1 page.

E. Technical Approach (10-page limit):

The Technical Approach section must;

- Provide a full description of the proposed approach that highlights a thorough understanding of the requirements, and describes technically sound, innovative, realistic, measurable, and evidence-based methodologies to achieve the Objectives and Intermediate Results outlined in the Program Description
- Leverage Collaborative Learning Approaches (CLA) to effectively address key challenges across the designated focus areas outlined in the Program Description and describe a well-defined strategy for monitoring and evaluating the Activity to foster continuous learning and adaptive management through feedback mechanisms.
- Describe how sustainability of the Activity outcomes will be achieved including, increasing government ownership in the health system, and the extent to which the program advances localization, including through attaining equitable partnership with local sub awardees, and transition to local Ugandan organizations (for example: as reflected via substantial subawards, assignment/transition of key personnel, management processes, local sub awardee decision-making power, etc.).

- Describe the steps the Applicant will take to assess and measure local partner readiness to receive direct funding from USAID and implement one or more Intermediate Results as part of the anticipated Transition Award outlined in the Program Description.
- Describe a thorough understanding of key gender barriers/opportunities identified in the problem statement and include integrated approaches to advance structural changes and equitable gender norms in their technical approach.

F. Corporate experience:(5-page limit)

The Corporate Experience section must describe the Applicant's expertise in executing and assessing health system strengthening programs of comparable size, scale, duration, nature, and complexity to enhance health outcomes, showcasing their expertise in offering technical support for evidence-based programming and implementing performance management systems for Health and HIV/AIDS initiatives.

G. Management Approach and Staffing Plan (5-page Limit):

The Applicant will provide a management approach and staffing plan that describes its proposed management structure and approaches it will use to successfully implement the Program Description. The overall plan for management and implementation of the activity must include a sound organizational structure and effective management of sub awardees.

The management approach and staffing plan must include the following components in the technical approach:

- Description of the roles, responsibilities and lines of authority of key staff/personnel, partners and sub-awardees, and description of managerial and technical oversight (*including the entire organization chart* and staffing plan) within the management structure to ensure quality of services and cost management including risk mitigation strategy for fraud, waste and abuse, including but not limited to the regulatory compliance and oversight of sub-awardees. Additionally, description of a sound strategies or approaches for rapid start up should be included.
- Description of expertise of sub-awardees/local partners (including consortium where applicable) and how they will be managed and integrated into the management structure.
- Demonstration of the Applicant's innovative approach to maintain gender balance by addressing gender disparities in their programming.
- List of Key Personnel positions (do not include names) with the appropriate skill sets/minimum (required see section A) qualifications or attributes to determine qualified candidates for the positions to assure successful achievement of the program description.

ANNEXES- FOR PHASE I ONLY

Annex 1: Local Partner Capacity Development and Transition plan *(3-page limit)*

To enhance the capabilities of local partners and enable them to fulfill USAID criteria for direct awards, the applicant is required to present a comprehensive Local Partner Capacity Development and Transition plan. This plan should outline the strategies for identifying and managing local sub-awardees, the approach to enhancing the capacities of these sub-awardees, and the procedures for managing a smooth transition to awarding responsibilities. Further details on these requirements can be found in Section A.

Annex 2: Resumes of Proposed Key Personnel (*2 pages per resume plus 1 page for each Position Description, roles and responsibilities and skill set per candidate***)**

- Resumes: In support of its Staffing narrative, Applicants must submit a separate resume for each candidate that it proposes for key personnel positions.

- References: The Applicant must provide three professional references for each proposed key personnel candidate in their resumes including their names, titles, phone numbers, and email addresses.

USAID reserves the right to conduct reference checks on any proposed key personnel candidates. Note that it is in the interest of Applicants to inform these contacts that USAID/Uganda may be contacting them to obtain information and verify qualifications. In addition, USAID/Uganda reserves the right to contact references for proposed Key Personnel candidates other than those submitted.

Annex 3: Key Personnel Letters of Commitment *(1 page per candidate)*

Annex 4: Sub-award *(if applicable, not to exceed 1 page per each sub-applicant)*

The Applicant must submit the proposed sub-awardees who are identified under this NOFO. This will at a minimum include the roles and responsibilities for each sub-awardee. It should include the roles and responsibilities for each sub-awardee which will describe how each sub-awardee will contribute towards achieving the objectives and results described in the Program description. This should clearly explain the involvement of each sub-awardee into each IR.

D.7. PHASE 2: ORAL PRESENTATION INSTRUCTIONS – NO SLIDE DECK LIMIT

The Oral Presentation section must;

- Demonstrate the extent to which the oral presentation of the proposed Technical Approach effectively demonstrates in-depth knowledge and understanding of the Program Description in Section A.
- Clearly demonstrate the extent to which the Oral presentation aligns and integrates the components of the Technical Approach and the proposed Management Approach and Staffing Plan, showing they are complementary and mutually supportive elements that are well-coordinated to achieve maximum program quality, effectiveness, and efficiency.
- Demonstrate the extent to which the presentation of Technical Approach demonstrates Corporate Experience in implementing programs of similar size, scale, duration, nature, and complexity to improve health outcomes set forth in Section A.

USAID/Uganda will invite only Applicant(s) who successfully pass Phase 1 of the selection process to participate in Phase 2. Upon invitation to Phase 2, USAID/Uganda will send a request to successful Applicant(s) to submit their Oral Presentation slide decks and any Annexes USAID/Uganda deems necessary within 15 calendar days. **All Applicants, except those who submitted non-responsive Applications in Phase 1, should anticipate being available for an in-person Oral Presentation within 7 calendar days after submission deadline of their Oral Presentation slide decks**.

Applicants are required to furnish their <u>proposed in country project lead</u> (who must be a key personnel) to present on the Technical Approach and Organizational Capacity and

Management Plan. USAID will evaluate the overall presentation in accordance with Section E requirements. No other member of the Applicant(s)'s team will be allowed to participate during the in-person Oral Presentations.

The Oral Presentations will last no longer than **120 minutes** in duration per Applicant, consisting of **10 Minutes** Introduction session, **60 minutes** for the Oral Presentation, **20 minutes** for USAID Technical staff deliberations and **30 minutes** for the Question-and-Answer session. The presenters are required to comprehensively provide responses to USAID's Questions regarding the presentation. The Oral Presentation audience will include USAID Technical staff and the Contracting Office Team.

The 60-minute Oral Presentation should articulate the Technical Approach, Corporate Experience and the Management Approach and Staffing plan submitted in Phase 1. For this Oral Presentation, the Applicant will provide a slide deck in both PowerPoint and PDF format. Each slide should be numbered and there is no limit on the maximum number of slides that can be used within the allotted 60-minute presentation time. Please note that the Oral Presentation will be one of the Merit Review Criteria to be evaluated as indicated in Section E of this NOFO. USAID will use the Oral Presentation to understand the Applicants Technical Approach, and Organizational Capacity and Management Plan.

The Contracting Team will facilitate the Oral Presentation and ensure time is adhered to for each Applicant.

The time limit for each Agenda item will be strictly followed, however if an Agenda item is completed early, the group may move to the next item. Each Applicant is expected to provide an expert participant who is deeply knowledgeable about their proposed approach, able to think critically on their feet, and fully participate in delivering the presentation and responding to Q&As. After the Applicant concludes their presentation and ensuing discussion, the USAID technical evaluation team will convene privately to deliberate and formally assess the merits and viability of the Oral Presentation based on the established Merit Review Criteria parameters outlined in Section E of this NOFO.

Applicants will be requested to submit the following;

1. An Oral Presentation slide deck which must be submitted in both MS PowerPoint and Adobe PDF.
2. All audiovisual tools that will be used during the Oral Presentation.

The Oral Presentation Agenda will consist of:

1. Introductions (10 minutes)
2. Applicant Presentation (60 minutes)
3. Break & USAID Technical staff Deliberation (20 minutes)
4. Questions & Answers/Discussions (30 minutes)

Estimated total time per Applicant is 120 minutes.

ANNEXES- FOR PHASE II ONLY

Annex 5: Power Point Slide Decks *(No page limit)*

Applicant must submit an Oral Presentation slide deck in PowerPoint and PDF format covering the Technical Approach, Corporate Experience and Management Approach and Staffing Plan submitted at

Phase 1. The slide deck should cover the same content the Applicant previously submitted in Phase 1 for their Technical Approach, Corporate Experience, and Management Approach and Staffing Plan.

D.8. PHASE 3 – BUSINESS (COST) APPLICATION INSTRUCTIONS

The Business (Cost) Application will be requested from **ONLY** the apparently successful Applicant. While no page limit exists for the full Business (Cost) Application, Applicants are encouraged to be as concise as possible while still providing the necessary details. The Business (Cost) Application must illustrate the entire period of performance, using the budget format shown in the SF-424A.

Prior to award, the Applicant may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the Applicant's risk in accordance with 2 CFR 200.206. 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 the Applicant with undue submission requirements if that information is readily available through other sources. Applicants should not submit any additional information with their initial application.

If the Applicant has established a consortium or another legal relationship among its partners, the Business (Cost) 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, the 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 severally liable for the acts or omissions of the other.

The Business (Cost) Application must contain the following sections (which are further elaborated below this listing with the letters for each requirement):

A. Cover Page (1 page limit).

B. SF 424 Form(s)

The Applicant must provide 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 Business (Cost) Application must be signed and submitted using Standard Form 424 (SF-424 series). Standard Forms can be accessed electronically at https://www.grants.gov/web/grants/forms/sf-424-family.html or using the following links:

Instructions for SF-424	http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html
Application for Federal Assistance (SF-424	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424A	http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html
Budget Information (SF-424A)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424B	http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html

Assurances (SF-424B)	https://www.grants.gov/web/grants/forms/sf-424-family.html

Failure to accurately complete these forms could result in the rejection of the application.

C. Required Certifications and Assurances

The Applicant must complete the following documents and submit a signed copy with their signed Business (Cost) Application.

1) "Certifications, Assurances, Representations, and Other Statements of the Recipient" ADS 303mav document found at https://www.usaid.gov/ads/policy/300/303mav
2) Assurances for Non-Construction Programs (SF-424B)
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) Evidence of responsibility the Agreement Officer can use to determine that the Applicant:
    - has adequate financial resources or the ability to obtain such resources as required during the performance of the award.
    - has the ability to comply with the award conditions, considering all existing and currently prospective commitments of the Applicant.
    - 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.
    - has a satisfactory record of integrity and business ethics; and
    - is otherwise qualified and eligible to receive a Cooperative Agreement under applicable laws and regulations (e.g., EEO).
5) Statutory and Regulation Certifications

The Applicant must complete the certifications in Section D) Required Certifications and sign and date in the signature space provided for both the prime and each of its proposed partners. The signed and dated printout must then be submitted with the application as an annex to the Business (Cost) Application. The Applicant must also complete and submit the certification in Section D for each of its proposed sub-applicants as an annex to the Business (Cost) Application.

Potential Request for Additional Documentation: Upon consideration of award or during the negotiations leading to an award, the Applicant 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 below is provided so that Applicants may become familiar with additional documentation that may be requested by the Agreement Officer:

The information that may be requested should substantiate:

1. By laws, constitution, and articles of incorporation, if applicable.
2. Whether the organization's 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 also provide copies of the same.

D. Budget and Budget Narrative

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by project year, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make an award and may result in a rejection of the Business (Cost) Application. The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs. The Applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable. The required budget format is found in the **Attachment F** of this NOFO. Note: Cost line items are indicative & should therefore be adjusted as appropriate/applicable. Applicants should add rows that will cater to the proposed costs under each CLIN.

The Budget must include the following worksheets or tabs, and contents, at a minimum:

- Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the Applicant and any potential sub-applicants for the entire period of the program. See Section H, **Attachment F** for Summary Budget Template.
- Summary Budgets - The Prime Applicant and the sub-Recipient(s) should each have their own summary budget tab. Applicants who intend to utilize contractors or sub awardees/sub-Recipients 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 subawardee involved in the program should be provided.
- Detailed Budget, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the Applicant's program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
- Detailed Budgets for each sub-Recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

The Detailed Budget must contain the following budget categories and information, at a minimum:

1) Salaries and Allowances – Must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services. The Applicant's budget must include position title, salary rate, level of effort, and salary escalation factors for each position. Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative. The Budget Narrative must demonstrate that the proposed compensation is reasonable for the services rendered and consistent with what is paid for similar work in other activities of the Applicant. Applicants must provide their established written policies on personnel compensation. If the Applicant's written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and include supporting market research.

2) Fringe Benefits – (if applicable) If the Applicant has a fringe benefit rate approved by an agency of the U.S. Government, the Applicant must use such rate and provide evidence of its approval. If an

Applicant does not have a fringe benefit rate approved, the Applicant must propose a rate and explain how the Applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

3) Travel and Transportation – Provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the Applicant's normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

4) Equipment – Must include information on estimated types of equipment, models and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.

5) Supplies – Includes all tangible personal property other than those described as Equipment. Provide information on types of supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the supplies and the basis for the estimates for determining cost allowability and reasonableness.

6) Subawards – Specify the budget for the portion of the program to be passed through to any sub-Recipients. See 2 CFR 200 for assistance in determining whether the sub-tier entity is a sub-Recipient or contractor. The sub-Recipient budgets must align with the same requirements as the Applicant's budget, including those related to fringe and indirect costs.

7) Other Direct Costs – Include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, as well as any other miscellaneous costs which directly benefit the program proposed by the Applicant. The Applicant should indicate the subject, venue and duration of any proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs. Otherwise, the narrative should be minimal.

8) Indirect Costs – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. To better understand indirect costs please see Subpart E of 2 CFR 200. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most used Indirect Cost Rate methods:

   <u>Method 1 - Direct Charge Only</u>

   Eligibility: Any Applicant

   Initial Application Requirements: See above on direct costs.

   <u>Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)</u>

   Eligibility: Any Applicant with a NICRA issued by a USG Agency must use that NICRA
   Initial Application Requirements: If the Applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Additionally, at the Agency's discretion, a

provisional rate may be set forth in the award subject to audit and finalization. See USAID's Indirect Cost Rate Guide for Non Profit Organizations for further guidance.

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)

Eligibility: Any Applicant that does not have a current NICRA. Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both. If chosen, this methodology, once elected, must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The Applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200 for further information.

Method 4 - Indirect Costs Charged as a Fixed Amount

Eligibility: Non-U.S. non-profit organizations without a NICRA may request, but approval is at the discretion of the AO

Initial Application Requirements: Provide the proposed fixed amount and a worksheet that includes the following:

- Total costs incurred by the organization for the previous fiscal year and estimates for the current year.
- Indirect costs (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year.
- Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.

If the Applicant does not have an approved NICRA and does not elect to utilize the 10% de minimis rate, the Agreement Officer will provide further instructions and may request additional supporting information, including financial statements and audits, should the application still be under consideration after the Merit Review. USAID is under no obligation to approve the Applicant's requested method.

9) Cost Sharing – The Applicant should estimate the amount of cost-sharing resources to be provided 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 award.

Applicants that do not meet the minimum 5% cost share requirement are not eligible for award consideration and their application will not be evaluated. Proposed cost share will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

E. Prior Approvals in accordance with 2 CFR 200.407

Inclusion of an item of cost in the detailed application budget does not satisfy any requirements for prior approval by the Agency. If the Applicant would like the award to reflect approval of any cost elements for which prior written approval is specifically required for allowability, the Applicant must specify and justify that cost. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

F. Approval of Subawards

The Applicant must submit information for all subawards that it wishes to have approved at the time of award. For each proposed subaward the Applicant must provide the following:

- Name of organization
- Unique Entity Identifier (UEI)
- Confirmation that the sub-Recipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list
- Confirmation that the sub-Recipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the sub-Recipient is not listed in the United Nations Security designation list
- Confirmation that the sub-Recipient is not suspended or debarred.
- Confirmation that the Applicant has completed a risk assessment of the sub-Recipient, in accordance with 2 CFR 200.332(b)
- Any negative findings as a result of the risk assessment and the Applicant's plan for mitigation.

G. Unique Entity Identifier (UEI) and SAM Registration

Applicants must obtain a Unique Entity Identifier (UEI) and register in the System for Award Management (SAM) (https://sam.gov/) in order to be eligible to receive federal assistance, such as grants and Cooperative Agreements. Unless an exemption applies (see ADS 303maz), Applicants must be registered in SAM prior to submitting an application for award for USAID's consideration. Recipients must maintain an active SAM registration while they have an active award. Each Applicant (unless the Applicant is an individual or entity that is exempted from UEI/SAM requirements under 2 CFR 25.110) is required to:

1. Provide a valid UEI for the Applicant and all proposed sub-Recipients.
2. Be registered in SAM before submitting its application.
3. 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.

The registration process may take many weeks to complete. Therefore, Applicants are encouraged to begin the process early. If an Applicant has not fully complied with the requirements above by the time USAID is ready to make an award, USAID may determine that the Applicant is not qualified to receive an award and use that determination as a basis for making an award to another Applicant.

Applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video, on https://sam.gov/.

H. Branding Strategy & Marking Plan

The apparently successful Applicant will be asked to provide a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award.

Branding Strategy – Assistance (June 2012)

a) Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.

b) The request for a Branding Strategy, by the Agreement Officer from the Applicant, confers no rights to the Applicant and constitutes no USAID commitment to an award.

c) Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the Applicant ineligible for an award.

d) The Applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, Cooperative Agreement or other assistance instrument.

e) The Branding Strategy must include, at a minimum, all of the following:

1. All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.

2. The intended name of the program, project, or activity.

   (i) USAID requires the Applicant to use the "USAID Identity," comprised of the USAID logo and brandmark, with the tagline "from the American people" as found on the USAID Web site at **http://www.usaid.gov/branding**, unless Section VI of the RFA or APS states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.

   (ii) USAID prefers local language translations of the phrase "made possible by (or with) the generous support of the American People" next to the USAID Identity when acknowledging contributions.

   (iii) It is acceptable to cobrand the title with the USAID Identity and the Applicant's identity.

   (iv) If branding in the above manner is inappropriate or not possible, the Applicant must explain how USAID's involvement will be showcased during publicity for the program or project.

   (v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the Applicant must attach a copy of the proposed

logos. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

3. The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.

4. Planned communication or program materials used to explain or market the program to beneficiaries.

   (i) Describe the main program message.

   (ii) Provide plans for training materials, posters, pamphlets, public service announcements, billboards, Web sites, and so forth, as appropriate.

   (iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, "USAID is from the American People."

   (iv) Provide any additional ideas to increase awareness that the American people support this project or program.

5. Information on any direct involvement from the host-country government or ministry, including any planned acknowledgement of the host-country government.

6. Any other groups whose logo or identity the Applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

f) The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the Applicant's cost data submissions, and the performance plan.

g) If the Applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or Cooperative Agreement.

(END OF PRE-AWARD TERM)

Marking Plan – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Marking Plan," detailing the public communications, commodities, and program materials, and other items that will visibly bear the "USAID Identity," which comprises of the USAID logo and brandmark, with the tagline "from the American people." The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at **http://www.usaid.gov/branding**. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

b. The request for a Marking Plan, by the Agreement Officer from the Applicant, confers no rights to the Applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the Applicant ineligible for an award.

d. The Applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, Cooperative Agreement or other assistance instrument.

e. The Marking Plan must include all of the following:

1) A description of the public communications, commodities, and program materials that the Applicant plans to produce and which will bear the USAID Identity as part of the award, including:

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

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

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

(iv) It is acceptable to cobrand the title with the USAID Identity and the Applicant's identity.

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

2) A table on the program deliverables with the following details:

(i) The program deliverables that the Applicant plans to mark with the USAID Identity;

(ii) The type of marking and what materials the Applicant will use to mark the program deliverables;

(iii) When in the performance period the Applicant will mark the program deliverables, and where the Applicant will place the marking;

(iv) What program deliverables the Applicant does not plan to mark with the USAID Identity , and

(v) The rationale for not marking program deliverables.

3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The Applicant may request an exemption if USAID marking requirements would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The Applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The Applicant must explain why each particular deliverable must be seen as credible.

(iii) Undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The Applicant must explain why each particular item or product is better positioned as host-country government item or product.

(iv) Impair the functionality of an item. The Applicant must explain how marking the item or commodity would impair its functionality.

(v) Incur substantial costs or be impractical. The Applicant must explain why marking would not be cost beneficial or practical.

(vi) Offend local cultural or social norms, or be considered inappropriate. The Applicant must identify the relevant norm and explain why marking would violate that norm or otherwise be inappropriate.

(vii) Conflict with international law. The Applicant must identify the applicable international law violated by the marking.

f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the Applicant's cost data submissions, and the performance plan.

g. If the Applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or Cooperative Agreement, and will apply for the term of the award unless provided otherwise.

(END OF PRE-AWARD TERM)

I. Funding Restrictions

USAID policy is not to award profit under assistance instruments. Therefore, profit is not allowable for Recipients or sub-Recipients under this award. 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. See 2 CFR 200.331 for assistance in determining whether a sub-tier entity is a sub-Recipient or contractor.

Construction will not be authorized under this award.

USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the Agreement Officer.

Except as may be specifically approved in advance by the AO, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in Section B.6 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

J. Conscience Clause Implementation (Assistance) - Solicitation Provision (February 2012) - AAPD 12-04

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

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

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

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

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

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

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

(END OF PRE-AWARD TERM)

K. Conflict of Interest Pre-Award Term (August 2018)

a. Personal Conflict of Interest

1. An actual or appearance of a conflict of interest exists when an Applicant organization or an employee of the organization has a relationship with an Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or Recipient employee.

2. The Applicant must provide conflict of interest disclosures when it submits an SF-424. Should the Applicant discover a previously undisclosed conflict of interest after submitting the application, the Applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

b. Organizational Conflict of Interest

The Applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the Applicant with an unfair competitive advantage in competing for this financial assistance award. Examples of an unfair competitive advantage include but are not limited to situations in which an Applicant or the Applicant's employee gained access to non-public information regarding a federal assistance funding opportunity, or an Applicant or Applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the Applicant.

(END OF PRE-AWARD TERM)

SECTION E: APPLICATION REVIEW INFORMATION

E.1 CRITERIA

The Merit Review Criteria prescribed here are tailored to the requirements described in this NOFO. Applicants should note that these criteria serve to a) identify the significant matters which the Applicants should address in their application, and b) set the standard against which all applications will be evaluated. Applications must be submitted in accordance with the instructions listed in Section D of this NOFO.

The Merit review criteria will be rated using confidence rating at Phase 1 and adjectival rating at Phase 2.

E.2 REVIEW AND SELECTION PROCESS

The selection committee will use confidence rating methodology to review the Technical Application. The Confidence ratings will provide the selection Committee with the ability to look more holistically at the strong points and weak points of the technical application. The confidence rating to be used will be as follows:

Confidence Rating	Description
High Confidence	The Government has ***high confidence*** that the Applicant understands the requirement, proposes a sound implementation approach, and will be successful in performing the award with ***little or no*** Government intervention.
Some Confidence	The Government has ***some confidence*** that the Applicant understands the requirement, proposes a sound implementation approach, and will be successful in performing the award with ***some*** Government intervention.
Low Confidence	The Government has ***low confidence*** that the Applicant understands the requirement, proposes a sound approach, or will be successful in performing the award ***even with*** Government intervention.

USAID/Uganda intends to conduct the selection process in three (3) Phases. Participation in Phase 1 is a mandatory part of this process. Failure to participate in Phase 1 will preclude further consideration of the Applicant's Application. **A Technical Application is determined to be responsive/acceptable if USAID has High Confidence that the applicant understands the requirement and will be successful in performing with little or no government intervention based on the merit review criteria in Section E.3.1.**

Below are the three (3) Phases.

- **Phase I - Technical Application submissions:** Open to all eligible organizations as described in this NOFO. Applicants must first submit a written Technical Application. All submitted Technical Applications will be evaluated according to the Merit Review Criteria outlined in this NOFO. USAID/Uganda will notify Applicants whether they are successful and unsuccessful based on the selection committee's review. **Only successful Applicants will move on to Phase 2 of the application process and no further consideration will be given to the applicant(s)**

- **Phase II - Oral Presentation(s**): USAID/Uganda will only invite Applicant(s) whose Technical Application received a Highly Confident rating in Phase 1 to participate in Phase 2. USAID/Uganda will send a request to the Highly Confident rated Applicant(s) to submit their

Oral Presentation slides decks prior to the presentation. An invitation with the venue, date, and time will be sent to those applicants whose concept paper was conditionally accepted. Following the 15-day submission window, applicant(s) will be invited to present their proposed Technical Approach, Corporate Experience and Management Approach and Staffing Plan in person after 7 calendar days. The Oral Presentation will consist of 120 minutes in duration, consisting of 10 Minutes Introduction, 60 minutes Oral Presentation, 20 minutes USAID Technical staff deliberations and 30 minutes for the Question-and-Answer session with USAID staff. (See Section D.7 for Oral Presentation submission Instructions.)

- **Phase III - Business (Cost) Application Submission: USAID/Uganda will invite only the apparently successful applicant from Phase 2 to submit a Business (Cost) Application**. USAID will evaluate whether the costs are allowable per 2 CFR 200 Subpart E. Merit Review. (See Section D.8 for Business/Cost Application Instructions.)

E.3 MERIT REVIEW CRITERIA

E.3.1 PHASE 1- TECHNICAL APPLICATION *(See Section D.6)*

Technical Applications submitted at Phase 1 will be evaluated using the Merit Review Criteria listed below.

Technical Approach

USAID will evaluate the Technical Approach to the extent of which the Applicants':

- Demonstrate an understanding of the requirements and propose technically sound, innovative, realistic, measurable, and evidence-based methodologies to achieve the Objectives and Intermediate Results outlined in the Program Description.
- Demonstrate how the proposed Collaborative Learning Approaches (CLA) will effectively address key challenges across the designated focus areas outlined in the Program Description. The Application must articulate a well-defined strategy for monitoring and evaluating the Activity to foster continuous learning and adaptive management through feedback mechanisms.
- Clearly articulate how sustainability of the Activity outcomes will be achieved including, increasing government ownership in the health system, and the extent to which the program advances localization, including through attaining equitable partnership with local sub awardees, and transition to local Ugandan organizations (for example: as reflected via substantial subawards, assignment/transition of key personnel, management processes, local sub awardee decision-making power, etc.).
- Clearly and effectively outline the steps the Applicant will take to assess and measure local partner readiness to receive direct funding from USAID and implement one or more Intermediate Results as part of the anticipated Transition Award outlined in the Program Description.
- Demonstrate understanding of key gender barriers/opportunities identified in the problem statement using integrated approaches to advance structural changes and equitable gender norms in their Technical Application.

Corporate experience

USAID will evaluate the extent to which the Applicants corporate experience in designing, managing, implementing, and evaluating Health system strengthening programs of similar size, scale, duration, nature, and complexity to improve health outcomes in the Program Description, especially, experience in the following areas:

- Providing technical support to strengthen Health systems evidence-based programming.
- Implementing and maintaining performance management Health systems for health and HIV/AIDS programming.

Management Approach and Staffing Plan

USAID will evaluate the extent to which the Applicants Management Approach and Staffing Plan facilitate effective achievement of SLHS results within a complex centralized implementation environment. USAID will evaluate the extent to which the Applicants:

- Demonstrate a robust management approach and staffing plan that clearly outlines roles, responsibilities and lines of authority of key staff, partners and sub-awardees and demonstrates a sound managerial and technical oversight (*including the entire organization chart* and staffing plan) within the management structure to ensure quality of services and cost management including risk mitigation strategy for fraud, waste and abuse, including but not limited to the regulatory compliance and oversight of sub-awardees. Additionally, the management approach must demonstrate sound strategies or approaches for a rapid start up.
- Demonstrate the expertise of sub-awardees/local partners (including consortium where applicable) and how they will be managed and integrated into the management structure.
- Proposed Management Approach and Staffing Plan demonstrates gender balance and the ability to address gender disparities in their programming.
- Proposed key personnel positions and job descriptions will support effective implementation of the Program Description. USAID will evaluate the extent to which the proposed offices promote implementation and coordination within the team and with key stakeholders.

Once the submitted Technical Application has been reviewed by the Selection Committee, the successful and unsuccessful Applicants will be notified by the Agreement Officer of their status and only the successful Applicants will move on to Phase 2 for the Oral Presentation.

E.3.2 PHASE 2 – ORAL PRESENTATION (SEE SECTION D.7)

USAID will evaluate the Oral Presentation at Phase 2 in accordance with the Merit Review Criteria listed below.

- The extent to which the Oral presentation of the proposed Technical Approach effectively demonstrates in-depth knowledge and understanding of the Program Description in Section A.
- The extent to which the Oral Presentation clearly demonstrates alignment and integration between the components of the Technical Approach and the proposed Management Approach and Staffing Plan, showing they are complementary and mutually supportive elements that are well-coordinated to achieve maximum program quality, effectiveness and efficiency.

- The extent to which the Oral presentation of the Technical Approach demonstrates Corporate Experience in implementing programs of similar size, scale, duration, nature, and complexity to improve health outcomes set forth in Section A.

After the oral presentation, USAID will determine whether or not the presented technical application address the strategic objectives outlined in Section A of the NOFO. **ONLY ONE APPLICANT WHO IS SUCCESSFUL AT PHASE 2 WILL BE REQUESTED TO SUBMIT A COST APPLICATION. NO COST APPLICATION IS REQUIRED AT THIS TIME**

E.3.3 PHASE 3 - BUSINESS REVIEW – (SEE SECTION D.8)

The Agency will evaluate the Business (Cost) Application of the Applicant under consideration for an award to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.

The Agency will also consider (1) the extent of the Applicant's understanding of the financial aspects of the program and the Applicant's ability to perform the activities within the amount requested; (2) whether the Applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

The Applicant's proposed cost share will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

The AO will perform a risk assessment (2 CFR 200.206). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective Recipient has the necessary organizational, experience, accounting and operational controls, financial resources, 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. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with "specific conditions" (2 CFR 200.208).

E.4 PRE-AWARD RISK ASSESSMENT

In accordance with ADS 303.3.9, the Agreement Officer may perform a risk assessment (2 CFR 200.206) of the Apparently Successful Applicant. USAID reserves the right to obtain, if deemed necessary, additional relevant cooperate experience information from other sources including those not named in the Applicant's application.

If criteria found in ADS 303.3.9.1 applies to the apparently successful Applicant, the AO may determine that a pre-award survey is required to inform the risk assessment before making a risk assessment decision. This assessment assists in determining whether the prospective Recipient has the necessary organizational experience, accounting and operational controls, financial resources, 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. Depending on the result of the risk assessment, the AO may either decide to execute the award, not execute the award, or award with "specific conditions" (2 CFR 200.208).

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SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F.1. FEDERAL AWARD NOTICES

Award of the agreement contemplated by this NOFO cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential Applicants are hereby notified of these requirements and conditions for the award.

USAID may notify the apparently successful Applicant of their recommendation for funding, but only a signed and executed award will constitute an obligation by USAID Agreement Officer to reimburse any costs incurred in the performance and implementation of a project/program. The signed and executed award will be e-mailed to the apparently successful Applicant.

The Agreement Officer is the only individual who may legally obligate USAID to the expenditure of public funds. The Agreement Officer may authorize pre-award costs in accordance with 2 CFR 200.209, but such pre-award costs will be incurred at the Applicant's sole risk in the event the award is not signed by the Agreement Officer or is denied or is less than the amount proposed by the apparently successful Applicant.

USAID will notify all unsuccessful Applicants that will not be considered for award explaining briefly why USAID did not select their application. Requests for additional information will not be considered from unsuccessful Applicants.

F.2. ADMINISTRATIVE & NATIONAL POLICY REQUIREMENTS

Resulting awards to U.S. Non-Governmental Organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS-303), 2 CFR 200, 2 CFR 700, and ADS 303maa Standard Provisions for U.S. Nongovernmental Organizations. Standard Provisions for U.S. Nongovernmental organizations are available at: https://www.usaid.gov/ads/policy/300/303maa

Resulting awards to non-U.S. Non-Governmental Organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS-303), 2 CFR 200, 2 CFR 700, and ADS 303mab Standard Provisions for non-U.S. Nongovernmental Organizations. Standard Provisions for Non-U.S. Nongovernmental organizations are available at: https://www.usaid.gov/ads/policy/300/303mab

2 CFR 200: https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200

2 CFR 700: https://www.ecfr.gov/current/title-2/subtitle-B/chapter-VII/part-700

Applicable OMB Circulars are available at: https://www.whitehouse.gov/omb/information-for-agencies/circulars/

Resulting award to Public International Organizations (PIOs, or IOs) will be administered in accordance with Chapter 308 of USAID's ADS including the Standard Provisions set forth in ADS 308.5.15. ADS 308 is available at: ADS Chapter 308 - Agreements with Public International Organizations (usaid.gov)

Potential for-profit Applicants should note that USAID policy prohibits the payment of fee/profit to the prime Recipient under grants and Cooperative Agreements. However, if a prime Recipient has a subcontract with a for-profit organization for the acquisition of goods or services (i.e., if a buyer-seller relationship is created), fee/profit for the subcontractor is authorized.

The USAID Inspector-General's "Guidelines for Financial Audits Contracted by Foreign Recipients" is available at: https://pdf.usaid.gov/pdf_docs/Pdaby168.pdf

See **Attachment A** for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

F.3. REPORTING REQUIREMENTS

This award follows the U.S. Government fiscal year for reporting, which runs from October 1 to September 30. References to quarters or years in reporting relates to the U.S. Government calendar below:

Quarter 1: October 1 - December 31
Quarter 2: January 1 - March 31
Quarter 3: April 1 - June 30
Quarter 4: July 1- September 30

The Recipient(s) will submit the following documents electronically within the time period noted/specified in the award. Reports will be timed and formatted so that they can provide USAID with useful information needed for the reporting requirements.

NO	REPORTS/DELIVERABLES	DUE DATE	APPROVER
1	**Annual Work Plan (AWP) -** The annual work plan will describe, at a greater level of detail than the Program Description, activities to be conducted and must be cross-referenced with the applicable Sections in the Program Description. The annual work plan must also be informed by the gender analysis and indicate how results from the gender analysis will be integrated into interventions and approaches. All work plan activities must be within the scope of the award. The work plan must include a schedule of activities and tasks and the inputs to be provided. The work plan must also describe the anticipated achievements towards performance indicator targets as set forth in the Development Information Solution (DIS), USAID's performance monitoring system, as well as the Activity Monitoring Evaluation and Learning Plan (AMELP). The AWP should include outreach and communications activities that are guided by discussion with the USAID DOC team. Included must be an explanation of how those achievements are expected to contribute to the strategic IR level results of the Mission. An estimated budget and a pipeline analysis identifying the anticipated inputs must also be included. The Recipient will prepare the work plans in consultation with and inputs from their management team, partners and beneficiaries of this program. USAID's Agreement Officer Representative (AOR) will approve the completed work plan. The AWP, at a minimum, must include: • A systematic presentation (i.e., Gantt chart) of activities to be accomplished under the different components and subcomponents (as appropriate), on a monthly basis; • The proposed location of each activity; • A Financial plan linked to the activities proposed in the work plan. The work plan must also describe award-level outputs that the Recipient expects to achieve during the period, linked to the performance indicators set forth in the (AMELP); • Provide a summary of the progress to date on the indicators and targets in the AMELP and the projected evolution over the year of implementation. • The anticipated level of effort required from project technical staff and financial resources required to complete the tasks; • The identification of any assumptions used in preparing the Work Plan, as well as suggested alternatives if necessary; and a narrative analysis of project responsiveness to changes in the operational context; and • The anticipated risks with regard to achieving the anticipated objectives of the award and how they will be mitigated. • Recipient's annual gender and youth action plan informed by the Gender, Youth and Social Inclusion Analysis. • For local capacity strengthening, approach to identify need and quantify progress made for each local subrecipient. • Anticipated risks, demonstrated achievements, and progress made towards the Transition Award(s).	30 days after start of the award and Annually thereafter 14 calendar days prior to start of subsequent year of implementation	AOR and AO

	Failure to have an approved Work Plan in place may be viewed as a failure to comply with essential terms and conditions of the award. Significant revisions to the approved Work Plan will require the additional written approval of the AOR (and may require a revision to the approved Activity Monitoring, Evaluation and Learning Plan). Subsequent AWPs: plans will follow the same format as the initial Work Plan and should also include an updated Activity Monitoring, Evaluation and Learning Plan, if appropriate. The subsequent AWPs must include project adjustments reflecting lessons learned from prior year implementation.		
2	**Quarterly Performance Reports (QPR) -** The Recipient must submit quarterly reports that include narratives of quarterly achievements, and progress against the work plan, and agreed upon performance indicators. A format for the quarterly report will be approved by the AOR on an annual basis. Brief outline of project purpose and project approach. Progress (activities completed, benchmarks achieved, performance standards completed - indicator table using format provided by AOR must form part of the report) since the last report by program area; including a performance narrative, discussing auditable quantitative and qualitative evidence, of progress against indicators and/or impacts achieved to-date. Include information on key activities, both ongoing and completed during the quarter (e.g. meetings, training, workshops, significant events, subawards, and grants). This must include clear identification of which impacts achieved were within the manageable interests of the Recipient and which were likely catalyzed by Recipient -supported initiatives, leading to substantial, sustained achievement of results. This discussion will be instrumental in helping the Mission to complete Annual Reports to USAID/Washington on overall program impacts: An indicator table showing the targets and actual achievements. Any deviations from targets by more than 10 percent, either positive or negative, should be clearly explained. This section must also include any relevant data trend analyses and progress towards performance benchmarks; Identification of problems, delays or adverse conditions that impair the ability to meet the objectives of the award, including a statement of the action taken or contemplated; the opportunity to discuss impacts of learning on the program and any assistance needed to resolve the situation; Gender gaps as per the analysis, specific activities carried out and achievements during the reporting period. The activity may report on the selected gender indicators as applicable • List of major activities planned for the next quarter. • Projected USAID approvals, waivers or deviation requests anticipated during the next quarter; • As applicable, confirmation that TraiNet reporting requirements are up to date	Draft due 30 days after the end of the fiscal year Final due 15 days after receipt of USAID comments on the draft QPR.	AOR

	• The status of required audit processes including for sub awardees, if applicable. • Success stories (if available) and a brief analysis on the general economic context; the Mission will use these success stories in reports to the host government, other donors, the Embassy, or USAID/Washington, among other audiences. The format and content will be jointly established by the AOR and the Recipient. Documentation of best practices that can be taken to scale.		
3	**Annual Performance Report -** Annual reports on the project activities and progress against indicators are the responsibility of the Recipient and are required by USAID/Uganda to provide timely input to the USG's Operational Plan. The annual report must cover activities and results through the end of the fiscal year, including an analysis of the cumulative experience in implementation, lessons learned any actual or planned programmatic adaptations and the implications of these for the next year. Anecdotal stories and case studies, pictures and any other information that provides further insight into the implementation of the activity will also be included. The report should include the gender gaps, specific activities carried out, targeted beneficiaries and achievements made during the year. The activity may report on the selected gender indicators as applicable. As part of the CLA, the Recipient must address: • An analysis of strategic collaboration efforts to improve implementation approaches and the overall effectiveness of the activity. • An analysis of continuous learning by the activity, based on contextual shifts and program implementation, to effectively respond to the needs of target groups by using learning. • Instances of learning applied to influence decision making in resource allocation and programming.	Draft due 30 days before the end of the fiscal year Final due 30 days after receipt of USAID comments	AOR and AO
4	**Quarterly Financial Reports -** Financial reporting requirements will be in accordance with 2 CFR 200.327. The Recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format completed by the Recipient and emailed to the Agreement Officer Representative (AOR) and KampalaUSAIDVouchers@usaid.gov. The Recipient must also submit a copy of the Federal Financial Report (FFR) to the AOR. For non-U.S. Nongovernmental Organizations financial reporting requirements will be in accordance with the procedures set forth in: Standard Provision "Advance Payment and Refunds (December 2014) or Standard Provision "Reimbursement Payment and Refunds (December 2014)." Quarterly Financial Reports will include a report on expenditures incurred during the report period and activity projected expenditures for the next quarter, against award line items. Reports should breakout funds by funding stream and budget-line. Reports are due as noted below:	30 days after the end of the fiscal quarter. Submitted with the Quarterly Performance Report.	AOR and OFM

	Reporting Quarter / **SF-425 Due Date** January 1 – March 31 / April 30 April 1 – June 30 / July 30 July 1 – September 30 / October 30 October 1 – December 31 / January 30		
5	**Annual Financial Reports**	30 days following the end of 4th quarter	AOR & OFM
6	**Quarterly Accrual Report -** will provide activity information pertaining to the following: • Total funds obligated to the award. • Total estimated amount remaining in the award. • Unobligated balance in the award. • Accrual amount. • Estimated pipeline amount. • Projected monthly expenditure for the next quarter. • Reports should be disaggregated by funding stream and budget line. If needed, the AOR will provide a template to the Recipient.	10 days before the end of the fiscal quarter	AOR and OFM
7	**Quarterly VAT Reports -** Pursuant to bilateral agreements with the Government of Uganda (GOU), all imports and expenditures under this contract by the Contractor and by non-local subcontractors (as defined below) are exempt from Value-Added Tax (VAT) and Customs Duties imposed by the GOU. The GOU does not permit tax exemption at the point of sale. Therefore, the Contractor must bill USAID for 18% VAT inclusive expenses from VAT-registered and compliant vendors only. The Contractor must submit original electronic tax invoices (e-invoices) and receipts, original certified summary (using a format provided by USAID) and one copy of all documents to USAID by the 25th of the month after the calendar year quarter end. All VAT claims, for the Contractor, subcontractors and grantees, must be submitted to USAID through the prime Contractor. The USAID point of contact for submission of quarterly VAT information is kampalavatusaid@usaid.gov Office of Financial Management, USAID/Uganda.	25th of the month after the calendar year quarter end. For example, taxes and receipts for the period January to March are due April 25.	AOR and OFM
8	**Reporting of Foreign Taxes -** The Recipient will submit the Foreign Taxes Report.	30 days after the end of the fiscal year	AOR and Controller

9	**President's Emergency Plan for AIDS Relief (PEPFAR) Program Expenditures –** Recipients implementing projects funded out of PEPFAR funds must report annually on program expenditures. Specifically, Recipients must use the form PEPFAR Program Expenditures (DS-4213 OMB 1405-0208) as a part of completing the PEPFAR Annual Progress Report at the end of each USG fiscal year (September 30).	30 days after the end of the fiscal quarter.	AOR
10	**Activity Monitoring, Evaluation and Learning Plan -** The Recipient must develop an Activity Monitoring Evaluation and Learning Plan (AMELP). The Activity MEL Plan serves multiple purposes, but primarily describes how USAID and the implementing partner will know whether an activity is making progress towards stated results.	90 days after start of the program and annually thereafter two weeks prior to start of subsequent year of implementation – submit with Annual Work Plan	AOR
11	**Environmental Mitigation and Monitoring Plan and Climate Risk Mitigation Plan.** When applicable and as appropriate, in addition to the work plan, the Recipient in collaboration with the AOR and the Mission Environmental Officer or Bureau Environmental Officer, will review all planned and ongoing interventions under this award to determine if they are within the scope of the approved Regulation "22 CFR 216" environmental documentation. The EMMP will be reviewed annually, and updates will be made as appropriate, as new interventions are added. If the Recipient plans any new interventions outside the scope of the approved Regulation "22 CFR 216" environmental documentation, the Recipient must prepare an amendment to the documentation for USAID review and approval. No such new interventions will be undertaken prior to receiving written USAID approval of environmental documentation amendments. Any ongoing interventions found to be outside the scope of the approved Regulation "22 CFR 216" environmental documentation will be halted until an amendment to the documentation is submitted and written approval is received from USAID.	Submitted with the AWP	AOR & MEO
12	**Gender, Youth and Social Inclusion Analysis -** Building on USAID's 2023 Gender Equality and Women's Empowerment Strategy, and according to the ADS 205, Integrating Gender Equality and Female Empowerment in USAIDS's Program Cycle, the Activity will conduct a gender analysis to identify key gender barriers related to equity, quality and resource optimization for high service coverage. The Activity will develop a gender action plan with clear approaches that will advance the integration of gender equality, empowerment and participation of all women and girls, men and boys, and other vulnerable individuals across the health care system; strengthen health system and policies to deliver inclusive and quality services; and increase staff capacity and accountability for achieving gender equality outputs and outcomes.	180 days after award	AOR and Gender Advisor
13	**Baseline Report -**The Recipient is responsible for conducting a baseline status report on indicators - all people- level data must be disaggregated by sex at the minimum, other relevant levels of disaggregation may be included as agreed with USAID in the activity's AMELP. Based on the baseline report, the Recipient will validate the baseline data and targets described in the PD and finalize	180 days after award	AOR

	key performance indicators and targets in consultation with USAID/Uganda. The baseline will also inform the revision of year one work plan and development of subsequent annual work plans and AMELP. USAID will have substantial involvement in the writing of the baseline's scope of work and monitor progress of data collection.		
14	**Branding Implementation and Marking Plan** (See Section D.8i)	30 calendar days after award	AOR
	Geographic Information Systems (GIS) and Activity Location Data - To accompany the Quarterly Performance Report, the Recipient will submit project and activity location data. Recording a discreet location for project and activity locations is essential in establishing an effective method of managing, analyzing, and communicating project and activity information. The Recipient must work closely with the AOR to determine necessary information to collect, which may include: • Type of activity • Photograph of activity • Location of activity, Point features (latitude, longitude) • Location, including name of the village • District name for activity location • Facility type (home, school, health facilities, etc.) The Geographic Data must be projected to the Geographic Coordinate System World Geodetic System 1984 (GCS WGS 1984). All data must use the World Geodetic System 1984 (WGS 1984) datum. The location and activity specific data will be recorded and managed by the Recipient. It must be submitted to the AOR and GIS Specialist in any of the following formats: .CSV file, MS Excel spreadsheet, MS Access database, or GIS-ready shapefile (.shp)/geodatabase. Utilizing GIS technology, geographic data and analysis is integral to geographically targeting aid investments, monitoring & evaluating overall aid effectiveness, and upholding the Agency's open data and transparency goals. Geospatial analysis is a top priority of the USAID/Uganda to be incorporated into the learning agenda and M&E work to build resilience. In alignment with the US Government commitment to transparency and open data, as well as with USAID Data Policy, geographical data collected and the resulting maps produced as part of this program will be shared with the affected communities, district local governments, and the general public. All efforts will be made to protect Personally Identifiable Information (PII).	25th of the month after the calendar year quarter end. For example, taxes and receipts for the period January to March are due April 25.	AOR & Controller
16	**Sustainability Plan and Analysis.** In accordance with USAID's policy on the Journey to Self-Reliance, the Recipient must develop a Sustainability Plan designed to ensure that USAID Strengthening Local Health Systems interventions and results are sustained beyond USAID funding, effectively transitions to Ugandan-led oversight and mainstreamed into Uganda National Development Planning and implementation processes. The Sustainability Plan, which should be purposefully and directly aligned with the Recipient's Technical Approach, must outline the key sustainability strategies and activities	30 calendar days prior to the activity anniversary date and then subsequently updated as part of the AWP submission.	AOR and AO

	to be undertaken/accomplished in each year of activity implementation towards achievement of policy objectives of the Journey to Self-Reliance initiative.		
17	**Annual Certification for Human Trafficking -** The Recipient must submit to the Agreement Officer, the annual "Certification regarding Trafficking in Persons, Implementing Title XVII of the National Defense Authorization Act for Fiscal Year 2013" as required prior to this award, and must implement a compliance plan to prevent the activities described above in section (a) of the provision (Schedule C, Mandatory Standard Provisions "TRAFFICKING IN PERSONS (April 2016)"). The Recipient is required to annually certify that neither the Recipient nor sub awardee, at any tier, or their employee, labor recruiters, brokers or other agents are engaged in any of the activities stated in mandatory provision mentioned above. The Recipient must provide a copy of the compliance plan to the Agreement Officer upon request and must post the useful and relevant contents of the plan or related materials on its website (if one is maintained) and at the workplace. The first Certification should be submitted at the start of the award. The concurrent certifications should be submitted within 30 calendar days following the end of each fiscal year. The draft certificate is accessible at using this link below	Prior to award and subsequently 30 days after the start of the fiscal year.	AO
18	**Submission of Data Sets to Development Clearing House (DEC)***	30 days after the Dataset is first used	AOR and submit to the DEC
19	**Annual Report of Government Property in Recipients Custody**	Last day of award year 1	AOR
20	**Close-Out and Disposition Plan -** The Recipient will develop and implement a closeout plan (administration, information, grants, finance, procurement and management) which must be approved by the Agreement Officer (AO). The plan must include but not be limited to: • Total estimated amount required for the remaining closeout period and a staffing plan for the closeout period; • Delivery schedule for all reports or other deliverables required under the award with dates for final delivery of all goods and services; • A property disposition plan for the Recipient, sub awardees and grantees addressing all requirements under contractual and local law for the transfer of property; • Review of subaward and/or grant files for audit purposes and final billing to USAID/Uganda, in addition, the Recipient will describe how all required prime and subaward audits will be conducted after the demobilization of the Recipient. • A plan for the phase out of in-country operations with a schedule to address office leases, bank accounts, utilities, cell phones, personnel notification, health insurance, outstanding travel, social payments, household shipments, severance for local staff (if appropriate), vehicle leases/disposition, phone subscriptions. • Report on compliance with all local labor laws, tax clearances, etc.		

	• A timeline for completing all required actions in the Demobilization Plan, including the submission date of the final Property Disposition Plan to the Agreement Officer. • Steps to effectively conclude, archive and dispose of the communications materials and documentation at the end of the project or a specific communication campaign. This will ensure that valuable information is preserved for future reference and that obsolete or redundant information is securely and properly disposed of		
21	**Local Partner Capacity Development and Transition Plan-** The plan should outline the following: • Sub-Recipient management plan proposing how the Applicant will identify and manage local sub awardees. The plan should specify which local sub awardees from within its consortium would potentially be eligible for Transition Award(s). • Plan to assess local partner need for capacity development in line with the requirements of the CBLD-9 standard indicator. Refer to **Attachment B.** • Approach to Transition implementation of one or more IRs to one or more suitable local partners as a key outcome of capacity development. This plan should follow the expectations outlined in Section A.	Draft due with Phase I Application. Final due 90 days after activity starts.	AOR & AO
22	**Final Report -** The report must summarize the accomplishments of the activity, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key lessons learned from the total implementation experience. It must cover the entire period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report must also contain an index of all reports and information products produced under the award. The report should be disseminated with technical points of contact including the Development Outreach and Communications team.	Draft due 30 days prior to activity end and final 30 days after receipt of USAID comments	AOR and AO
23	**Ad-hoc Reports- Upcoming Events Calendar-** The Recipient must provide USAID a listing of upcoming events; scheduled training; and important meetings with public officials, donor agency representatives or other USG officers. The Recipient must provide to the AOR a rolling three-month schedule of upcoming events related to activity implementation, including conferences, workshops, trainings, and site visits. This schedule must provide information on estimated dates of the event, location, targeted beneficiaries, and short description of the activity. Public outreach activities that involve media should be planned ahead of time in consultation with the AOR and Development Outreach and Communications team. **Other Reports-** The Recipient will prepare and disseminate, as directed by the AOR, other reports needed to accomplish the purpose of this award, such as assessments, including but not limited to, gender and youth related assessments, studies, and other analytical products. These reports will include activity reports;		AOR

	technical reports; data quality assessment reports, portfolio review and performance plan and report analytical products, evaluation, review, and other operational research reports. The reports required and the number of copies will be determined at the time of the Annual Work plan.		

**Data Sets apply to all performance years.*

F.4. SPECIAL PROVISIONS

The following special provisions may be made part of the resulting award.

A. Utilization of Science, Technology, Innovation, and Partnerships (STIP) for Collaboration

The Recipient is strongly encouraged to utilize science, technology, innovation, and partnership (STIP) to:

- Do business differently to enhance the lives of Ugandan beneficiaries and share best practices.
- Integrate change management practices to allow for program adaptation and realignment.
- Utilize project management tools/software for enhanced partnership and synergy with USAID and other programs and allow for reporting on multiple funding streams.

[End of Provision]

B. Procurement Executive's Bulletin No. 2014-06: Electronic Payments System

Definitions: "Cash Payment System" means a payment system that generates any transfer of funds through a transaction originated by cash, check, or similar paper instrument. This includes electronic payments to a financial institution or clearing house that subsequently issues cash, check, or similar paper instruments to the designated payee.

"Electronic Payment System" means a payment system that generates any transfer of funds, other than a transaction originated by cash, check, or similar paper instrument that is initiated through an electronic terminal, telephone, mobile phone, computer, or magnetic tape, for the purpose of ordering, instructing, or authorizing a financial institution to debit or credit an account. The term includes debit cards, wire transfers, transfers made at automatic teller machines, and point-of-sale terminals.The Recipient agrees to use an electronic payment system for any payments under this award to beneficiaries, sub-Recipients, or contractors.

Exceptions. Recipients are allowed the following exceptions, provided the Recipient documents its files with the appropriate justification:

- Cash payments made while establishing electronic payment systems, provided that this exception is not used for more than six months from the effective date of this award.
- Cash payments made to payees where the Recipient does not expect to make payments to the same payee on a regular, recurring basis, and payment through an electronic payment system is not reasonably available.
- Cash payments to vendors below $3,000, when payment through an electronic payment system is not reasonably available.

- The Recipient has received a written exception from the Agreement Officer that a specific payment or all cash payments are authorized based on the Recipient's written justification, which provides a basis and cost analysis for the requested exception.

More information about how to establish, implement, and manage electronic payment methods is available to Recipients at https://nethope.org/toolkits/usaid-digital-payments-toolkit/

C. Non-Discrimination in Implementation of USAID-Funded Programs

In the implementation of USAID-funded programs, the Recipient or Sub-Recipient shall not discriminate against any beneficiary or potential beneficiary, such as but not limited to, by capriciously or selectively withholding or denying assistance or benefits under the project, on the basis of any non-merit factor, including one or more of the following bases: race, color, religion, sex (including gender identity or perceived gender nonconformity, and pregnancy) national origin, disability, age, sexual orientation, genetic information, marital status, parental status, political affiliation, veteran's status, or other factors that adversely impact the beneficiaries' access to, or participation in, services provided under the award. Nothing in this provision is intended to limit the ability of a Recipient to target assistance to certain populations as defined in the approved work plan of a USAID-funded program.

[End of Provision]

D. Acquisition & Assistance Policy Directive No: 14-03: Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction (AUGUST 2014)

In accordance with section 7073 of the Consolidated Appropriations Act, 2014 (Pub. L. 113-76) none of the funds made available by that Act may be used to enter into an assistance award with any organization that:

1. Was "convicted of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency has direct knowledge of the conviction, unless the agency has considered, in accordance with its procedures, that this further action is not necessary to protect the interests of the Government"; or

2. Has any "unpaid Federal tax liability that has been assessed for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency has direct knowledge of the unpaid tax liability, unless the Federal agency has considered, in accordance with its procedures that this further action is not necessary to protect the interests of the Government."

For the purposes of section 7073, it is USAID's policy that no award may be made to any organization covered by (1) or (2) above, unless the M/OAA Compliance Division has made a determination that suspension or debarment is not necessary to protect the interests of the Government.

[End of Provision]

E. Program Income

Program Income is not anticipated to be generated under this award. If generated, program income earned during the Activity's period of performance must be added to the total program amount and used to further eligible objectives for the Activity. In accordance with 2 CFR 200.307(e), program income that

the Recipient did not anticipate at the time of the Federal award must be used to reduce the Federal award and Recipient contributions rather than to increase the funds committed to the project.

F. ADS. 303.3.35.2 Covered Telecommunication and Video Surveillance Equipment or Services Effective Date: 08/18/2020

Effective August 13, 2020, a Recipient may not procure covered telecommunication equipment or services for the implementation of their program using award funds.

2 CFR 200.216, applicable to US organizations, and the standard provision "Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment" applicable to non-US NGOs, implement Section 889(b) of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year 2019 (Pub. L. 115-232) that prohibits the use of award funds, including direct and indirect costs, cost share and program income, to procure covered telecommunication and video surveillance services or equipment. The statute covers certain telecommunications equipment and services produced or provided by Huawei Technologies Company or ZTE Corporation, Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

Such covered telecommunication equipment or services must not be reimbursed to the Recipient as a direct or indirect cost or accepted as part of cost share. Additionally, the Recipient must not use any program income generated under the award to purchase covered telecommunication equipment or services.

[End of Provision]

G. Shock Modifier

This NOFO and resulting award incorporate a crisis modifier provision to ensure the Activity's adaptability, resilience, and responsiveness to unforeseen challenges and events, thereby safeguarding the Activity's overall success and impact. This crisis modifier provision will permit the Activity to adapt and respond to unexpected events during the award period of performance -- including, but not limited to, disease outbreaks, epidemics, pandemics, socio-political instability, natural disasters, or other emergencies ("Crisis") -- that may significantly alter the operating environment in which the Activity is implementing or impact programmatic objectives. The provision enables the Activity to quickly respond and adapt to unforeseen crises or events, while maintaining development gains achieved through its implementation up until the Crisis.

Below are the steps that USAID will follow under this provision.

1. **Request for Adaptation Plan**: In the event of a Crisis, the Agreement Officer may ask the Recipient to prepare a proposed Adaptation Plan. The Recipient must submit a proposed Adaptation Plan for the Agreement Officer's written approval before undertaking any new or modified interventions or activities.

2. **Content of Adaptation Plan**: An Adaptation Plan must detail the nature and extent of the Crisis, the potential impacts the Crisis may have on the Activity, and the interventions or adaptations that the Recipient is proposing to implement to respond to, or to minimize disruptions from, the Crisis. The Adaptation Plan must identify any needed adjustments to the Activity and clearly articulate how the Recipient intends to address the challenges posed by the Crisis, while also ensuring that the four main activity objectives outlined in Section A (Program

Description) are maintained. The Recipient must include a budget for any new or modified activities. The corresponding detailed budget must detail how the additional funds will be utilized. During the development of the Adaptation Plan, the Recipient should work closely with the Agreement Officer Representative. However, the Adaptation Plan is not final until it has been approved by the Agreement Officer.

3. **Review of Adaptation Plan**:

   (a) The Recipient must submit the Adaptation Plan, together with the corresponding budget, to the Agreement Officer for approval. The Recipient's Adaptation Plan must be received by the Agreement Officer within the time period indicated by the USAID Office of Acquisition and Assistance. Following receipt of the Adaptation Plan, USAID reserves the right to modify the scope, budget, or timeline of the Agreement in response to the Recipient's Adaptation Plan.

   (b) In the event that additional or modified activities are needed to respond to a Crisis or there is a subsequent Crisis, USAID may request additional Adaptation Plans, or revisions to an approved Adaptation Plan, from the Recipient following the same procedure detailed in this provision.

4. **Approval of Adaptation Plan.** Following USAID review, the Agreement Officer will formally approve the Adaptation Plan, or a revised Adaptation Plan, through an award modification that is signed by the Agreement Officer. Only the Agreement Officer may direct the Recipient to undertake new or modified activities under this provision and only when approved through a modification to the award signed by the Agreement Officer. Any new or modified activities are subject to funds availability as set forth in the Agreement.

Notwithstanding the terms and conditions of paragraphs (1) through (4) of this provision, as this award is incrementally funded, the funds allotted for performance of this Agreement, shall not be increased, or considered to be increased except by specific written modification. Until this modification is made, the Recipient shall not be obligated to continue performance or incur costs beyond the total estimated amount of the Activity.

[End of Provision]

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

G.1. POINT OF CONTACT

Only the Agreement Officer is authorized to make commitments on behalf of USAID. The Agreement Officer is listed below:

Name:	Tseyone Demissie
Title:	Agreement Officer
Email:	KampalaUSAIDSolicita@usaid.gov
Address:	USAID/Uganda US Embassy Compound Plot 1577 Ggaba Road, Kampala Uganda

Any questions while the funding opportunity is open must be submitted to the above email while referencing the NOFO number and title in the subject line of the email.

G.2. ACQUISITION AND ASSISTANCE OMBUDSMAN

The A&A Ombudsman helps ensure equitable treatment of all parties who participate in USAID's acquisition and assistance process. The A&A Ombudsman serves as a resource for all organizations who are doing or wish to do business with USAID. Please visit this page for additional information: https://www.usaid.gov/work-usaid/acquisition-assistance-ombudsman

The A&A Ombudsman may be contacted via: Ombudsman@usaid.gov

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SECTION H: OTHER INFORMATION

H.1. OTHER INFORMATION

USAID reserves the right to fund any or none of the applications submitted. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. Any award and subsequent incremental funding will be subject to the availability of funds and continued relevance to Agency programming.

H.2. APPLICATION WITH PROPRIETARY DATA

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

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

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

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

H.3. LIST OF ATTACHMENTS

The following are the attachments to this NOFO.

NO	TITLE	REFERENCE/LINK
Attachment A	Standard Provisions	Attached
Attachment B	CBLD-9 Final	Attached (included as a separate file)
Attachment C	Local Development Partners' Group (LDPG) Policy on Provision of Allowances (Feb 2019)	Attached (included as a separate file)
Attachment D	2023 Gender Equality and Women's Empowerment Policy	https://www.usaid.gov/sites/default/files/2023-03/2023_Gender%20Policy_508.pdf
Attachment E	Initial Environmental Examination (IEE)	Attached (included as a separate file)
ONLY REQUIRED FOR SUBMISSION AT PHASE III		
Attachment F	Budget Template	Attached (included as a separate file**)**

Attachment G	Certifications, Assurances, Representations, and Other Statements of the Recipient	

LIST OF REFERENCES

1. Republic of Uganda, Ministry of Health, Department of Planning, Finance, and Policy, National Health Accounts 2016-2019.
2. https://www.health.go.ug/cause/health-financing-strategy/
3. Ajari EE, Ojilong D. Assessment of the preparedness of the Ugandan health care system to tackle more COVID-19 cases. J Glob Health. 2020 Dec;10(2):020305. doi: 10.7189/jogh.10.020305. PMID: 33110509; PMCID: PMC7533609.
4. Republic of Uganda, Ministry of Health, Human Resources for Health Strategic Plan 2020-2030.
5. (Int J Health Plan Manage. 2019 April; 34(2): 644–656. doi:10.1002/hpm.2724
6. USAID Uganda, Uganda Health System Pre-Assessment Report (2016).
7. World Health Organization. Toolkit for Routine Health Information Systems Data. 2021 https://www.who.int/data/data-collection-tools/health-service-data/toolkit-for-routine-health-information-system-data/module
8. Assefa Yibeltal, Gelaw Yalemzewod Assefa, Hill Peter S, Taye Belaynew Wassie and Van Damme Wim. Community health extension program of Ethiopia, 2003–2018: successes and challenges toward universal coverage for primary healthcare services. Globalization and Health (2019) 15:24. https://doi.org/10.1186/s12992-019-0470-1

H.4. OTHER SOURCES

SAM: Quick Start Guide for New Grantee Registration https://sam.gov/content/entity-registration

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ATTACHMENT A: STANDARD PROVISIONS

The full text of these provisions may be found at: https://www.usaid.gov/ads/policy/300/303maa, and https://www.usaid.gov/ads/policy/300/303mab, The actual Standard Provisions included in the award will be dependent on the organization that is. The award will include the latest Mandatory Provisions for either U.S. or non-U.S. Nongovernmental organizations, as appropriate**.** The award will also contain the following "required as applicable" Standard Provisions:

REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR U.S. NONGOVERNMENTAL ORGANIZATIONS

Required	Not Required	Standard Provision
TBD		RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (NOVEMBER 2020)
		RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (NOVEMBER 2020)
		RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (Profit) (DECEMBER 2014)
		RAA4. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
RESERVED		RAA5. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
X		RAA6. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	X	RAA7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
	X	RAA8. CARE OF LABORATORY ANIMALS (MARCH 2004)
X		RAA9. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)
X		RAA10. COST SHARING (MATCHING) (FEBRUARY 2012)
	X	RAA11. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
	X	RAA12. INVESTMENT PROMOTION (NOVEMBER 2003)
X		RAA13. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2014)
X		RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
X		RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
X		RAA16. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
X		RAA17. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
RESERVED		RAA18
	X	RAA19. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)

	X	RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA21. ELIGIBILITY OF SUB-RECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
X		RAA23. UNIVERSAL IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT (NOVEMBER 2020)
X		RAA24. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
	X	RAA25. PATENT REPORTING PROCEDURES (NOVEMBER 2020)
	X	RAA26. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
X		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER Recipient PROCUREMENTS (DECEMBER 2014)
RESERVED		RAA28. AWARD TERM AND CONDITION FOR Recipient INTEGRITY AND PERFORMANCE MATTERS (April 2016)
		RAA29. RESERVED
X		RAA30. PROGRAM INCOME (AUGUST 2020)
X		RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR NON-U.S. NONGOVERNMENTAL ORGANIZATIONS

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (NOVEMBER 2020)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		RAA5. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
X		RAA6. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (NOVEMBER 2020)
X		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
X		RAA8. SUBAWARDS (DECEMBER 2014)
X		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
X		RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
X		RAA11. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
	X	RAA12. PATENT RIGHTS (JUNE 2012)
X		RAA13. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
	X	RAA14. INVESTMENT PROMOTION (NOVEMBER 2003)
X		RAA 15. COST SHARE (JUNE 2012)
X		RAA16. PROGRAM INCOME (AUGUST 2020)
X		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	X	RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	X	RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	X	RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA21. ELIGIBILITY OF SUB-RECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
	X	RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)

X		RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
X		RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
X		RAA26. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
	X	RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
X		RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER Recipient PROCUREMENTS (DECEMBER 2014)
X		RAA29. CONTRACT AWARD TERM AND CONDITION FOR Recipient INTEGRITY AND PERFORMANCE MATTERS (April 2016)
		RAA30. RESERVED
	X	RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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