Issue Date:	**June 30, 2015**
Deadline for Questions:	**July 13, 2015 10:00 Local (Maputo) Time**
Application Submission Deadline:	**July 31, 2015 16:00 Local (Maputo) Time**
E-mail address for questions and applications:	**ovc.rfa@usaid.gov**

Subject: **Notice of Funding Opportunity (NFO) Number RFA-656-15-000006**

Program Title: **Service Delivery and Support for Orphans and Vulnerable Children (SDS-OVC-MZ)**

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a cooperative agreement from all U.S. and non-U.S. qualified organizations (other than those from foreign policy restricted countries) for funding to support a program entitled **Service Delivery and Support for Orphans and Vulnerable Children (SDS-OVC-MZ)**. The authority for this NFO is found in the Foreign Assistance Act of 1961, as amended.

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

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

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

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

Please send any questions to the point(s) of contact identified in Section IV. 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 supporting USAID/Mozambique programs.

Sincerely,

Adam Cox
Agreement Officer
Office of Acquisition & Assistance
USAID/Mozambique

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SECTION I: FUNDING OPPORTUNITY DESCRIPTION

I.1.Introduction:

The main goal of the USAID/Mozambique's "Service Delivery and Support for Orphans and Vulnerable Children" (SDS-OVC-MZ) activity is to improve the health, nutritional status and well-being of the Orphans and Vulnerable Children (OVC) living in PEPFAR defined priority districts for epidemic control. The overall objective is to strengthen the capacity of families and communities to care for and protect the children within their care. This contributes to reducing the risk and impact of HIV/AIDS and other health conditions on one of the most vulnerable populations in Mozambique. The activity will take a family-centered approach and offer a set of interventions that will: strengthen families and communities to help OVC, and build resilience; and create a fostering environment for a healthy physical, social and emotional development, ensuring that children are healthy, educated, and prepared to contribute to Mozambique's development.

The activity builds upon USAID support to the Government of Mozambique (GRM) and civil society partners to support these vulnerable populations to access health and social services that enable them to live healthy productive lives. The SDS-OVC-MZ activity is closely aligned with the GRM's National Strategic Plan Against HIV/AIDS (PEN III) and the National Action Plan for Children II (PNAC) (2013-2019). It also supports the Plano Quinquenal (Five-Year Plan) which was just approved (2015-2019) by GRM, specifically, it supports Priority II, Human Capital and Social Development, under Strategic Objective 5. Access to HIV & Maternal Newborn and Child Health (MNCH) related health services and essential social services will be an indispensable component of this activity to complement the GRM's national policies and plans.

Both facility and community based services directed towards OVC and people living with HIV and AIDS (PLWHA) act as the primary entry point to target vulnerable households in an integrated manner. This activity will link PLWHA, OVC and other vulnerable families to basic health care, as well as to support services that mitigate the impact of HIV, including services that promote or support education, economic empowerment, and legal protection. PEPFAR target districts will receive a comprehensive set of networked services in health, education, social services, nutrition, food security, and economic stability. The activity will focus on knowledge-based skills development that enhances communities' and households' capacity (knowledge, opportunities, and resources) to mitigate the impact of HIV/AIDS.

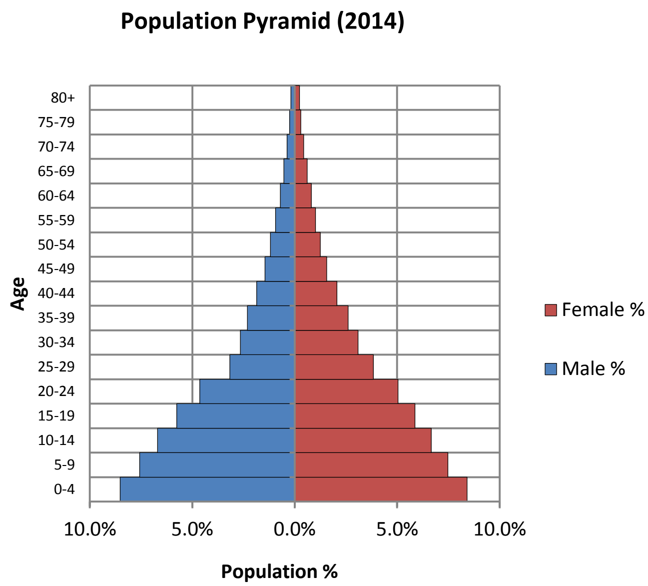
I.2. Development Context Challenges and Responses:

Following a long and protracted civil war that ended in 1992, Mozambique has enjoyed rapid economic growth, averaging between six and seven percent a year and relative political stability. Poverty rates dropped from 69 percent in 1997 to 54 percent in 2003[1];

[1] World Bank, 2008 Report No. 40048-MZ

however, poverty reduction has stagnated. Mozambique continues to be one of the poorest countries in the world, ranking 178 out of 187 countries on the United Nations Human Development Index in 2013. The national HIV/AIDS prevalence rate among adults aged 15 to 49 is estimated to be 11.5 percent, while the percentage is higher among adult women (13.1%) compared to adult men (9.2%) and varies by geographic area.[2] The adult (15-49 years) male literacy rate is 70% percent, with female literacy at 40 percent.[3]

Currently, over half of Mozambique's population is under the age of 19 (57.5%), while 64.7 percent is under 24 years old.[4] The population pyramid below illustrates the age of Mozambique's population in 2014. [5]



Investment in children and young people is vital for Mozambique's growth and development. However, the combined impact of poverty and the growing HIV/AIDS epidemic poses major challenges for the future of this young population. Many children and youth live below the poverty line and face significant barriers to education and economic opportunities. According to MGCAS, approximately 5.3 million children (50% of all children) are considered highly vulnerable.[6] It is estimated that 58 percent of all children in Mozambique live in poverty although this figure varies by region. For example in Zambézia province, 75 percent of children are living in absolute poverty.

[2] INSIDA, 2009
[3] DHS, 2011
[4] DHS, 2011
[5] World Bank (http://databank.worldbank.org/data/home.aspx)
[6] MGCAS defines vulnerability as: 1)Children in households below the poverty line (a- Children in households headed by children, youth, the elderly or women; b- Children in households where an adult is chronically ill; c-children affected or infected by HIV&AIDS; 2) Street children; 3)Children living in institutions (ex: orphanages, prisons, mental health facilities);4)Children in conflict with the law (ex: children wanted for petty crimes); 5)Children with disabilities; 6)Children victims of violence; 7) Children victims of sexual abuse and exploitation; 8) Children victims of trafficking; 9) Children victims of the worst forms of child labor (ILO 1999); 10) Children who are married before the legally defined age; 11) Refugee and displaced children.

Mozambique's first Poverty Reduction Strategy Paper, the PARPA I (2001 - 2005), defined absolute poverty as "the inability of individuals to ensure for themselves and their dependents a set of basic minimum conditions necessary for their subsistence and well-being in accordance with the norms of society" [7]. In 2008, the Multiple Indicator Cluster Survey (MICS) revealed that approximately 17.1 percent of children surveyed aged 0-17 were either orphaned or vulnerable due to HIV/AIDS and the highest prevalence rates were found in Gaza (30.1%), Maputo City (20.2%), Sofala (19.8%) and Zambézia (19.3%).

Absolute poverty combined with the lack of access to quality health care, food, shelter, education and other social services put many Mozambican children at risk. Children face risks such as hazardous labor, human trafficking, sexual abuse and exploitation, and violence. Child labor is high; 59 percent of youth aged 15 to 19 and 28 percent of 7 to14 year-olds are engaged in unsafe work and not attending school.[8] Studies have also found that Mozambique is both a source and transit country for trafficking activities in Southern Africa.[9] Women and girls from rural areas, lured to cities in Mozambique or South Africa with promises of employment or education, are exploited in domestic servitude and the sex trade.[10] Young Mozambican men and boys are subjected to forced labor on farms and in mines in South Africa, where they often labor for months without pay and under coercive conditions before being turned over to police for deportation as illegal migrants.[11] Girls and young women are also very susceptible to gender-based violence (GBV). A study conducted by JHPIEGO at the Maputo Central Hospital tracked the number of sexual violence cases from 2005-2011 and found that of the 2,046 cases reported through the Gynecology Emergency Room of Maternal and Child Health Services, 58.6 percent were under age 14 (only 0.2 of cases were male).

Girls in Mozambique are particularly vulnerable. The child marriage rate in Mozambique is one of the highest in the world with 56 percent of girls marrying before the age of 18.[12] Most married girls do not return to school, become isolated with limited social networks, and lack decision-making power in the household. The common practice of early marriage has resulted in serious consequences for the next generation. The MICS data demonstrates that mothers who do not complete secondary school are more likely to have children engaged in child labor and less likely to have their children complete school. Literacy, which contributes to empowerment and increased economic opportunities, is low among young women; only 54.3 percent of women aged 15-24 in Mozambique are literate[13]. Poverty has also driven many girls to engage in transactional and/or trans-generational sex. According to the DHS, 8.4 percent of adolescent girls aged 15-17, and 12.4 percent of young women 18-19, had sexual relations in the previous 12 months with

[7] PARPA (Plano de Acção para a Redução da Pobreza Absoluta) is equivalent to Mozambique's Poverty Reduction Strategy Paper (PRSP).
[8] International Labor Organization, 2008; Instituto Nacional De Estatística, 2009
[9] U.S. Department of State Trafficking in Persons Report 2012; A 2005 Situational Assessment of Human Trafficking in the SADC region, December, 2007

[10] U.S. Department of State Trafficking in Persons Report 2012
[11] U.S. Department of State Trafficking in Persons Report 2012
[12] UNICEF, 2011
[13] DHS, 2011

a man who was 10 or more years older. The DHS (2011) study found that 21.8 percent of girls between 15 and 19 experienced sexual debut before the age of 15, and 82.2 percent before the age of 18. The adolescent fertility rate is also very high at 167 births per 1,000 women aged 15-19. High fertility not only impacts women's health and the health of their children but also seriously limits women's long-term education and economic prospects. Women face difficulties accessing credit and finance primarily due to the lack of information (in part because of isolation and low levels of education) as well as problems meeting financial obligations because of family responsibilities. While women's empowerment is a key component of the country's poverty reduction strategy, the situation of girls' vulnerability continues to hamper progress to improve the lives and wellbeing of Mozambicans.

The HIV/AIDS pandemic has devastated millions of individuals, families, and communities in sub-Saharan Africa. Children have become one of the most vulnerable populations of the epidemic with an estimated 16.6 million children under the age of 18 having lost one or both parents to AIDS, from which almost 90% live in sub-Saharan Africa[14]. Children are becoming the heads of households and forced to take on adult responsibilities to provide for sick parents and younger siblings. They drop out of school and give up educational opportunities to be the family's primary care provider. The epidemic has left children vulnerable and forced them to face daunting challenges such as inadequate food, shelter, and support, stigma and discrimination, sexual abuse, exploitation, trafficking and other psychological issues.

Mozambique currently faces a mounting crisis of children orphaned[15] by AIDS. It is estimated that Mozambique has approximately two million orphans and vulnerable children, from which 800,000 have been orphaned due to AIDS.[16] According to 2011 DHS data the proportion of children who are orphans of one or both parents has risen by almost a third, from 10% to 13% between 2003 and 2011. Double orphans, who have lost both their parents, constitute only a small subset of these children, but this category has grown in importance too, from 1.3% to 1.7% of children over the same period.[17]. It is expected that the HIV/AIDS epidemic in Mozambique will continue to leave more children orphaned and vulnerable.[18] Mozambique has very limited qualified and competent Social Welfare workforce to coordinate and oversee the interventions being implemented by International and Local partners which makes the response to the crisis challenging Sustainable and evidence-based interventions are urgently required to strengthen the capacity of families and communities to better care for orphans and vulnerable children (OVC) affected by HIV/AIDS.

The growing HIV/AIDS epidemic in Mozambique has further exacerbated the challenges

[14] UNAIDS Report on the Global AIDS epidemic 2010
[15] Mozambique defines an orphan as a child between the ages of 0 and 18 years who has lost one or both parents.
[16] Brown e Winberg, 2013, Relatório de Análise da Protecção Alternativa das Crianças em Moçambique, Maputo, MGCAS/UNICEF
[17] DHS, 2011
[18] MGCAS defines vulnerability as: 1)Children in households below the poverty line (a- Children in households headed by children, youth, the elderly or women; b- Children in households where an adult is chronically ill; c-children affected or infected by HIV&AIDS; 2) Street children; 3)Children living in institutions (ex: orphanages, prisons, mental health facilities);4)Children in conflict with the law (ex: children wanted for petty crimes); 5)Children with disabilities; 6)Children victims of violence; 7) Children victims of sexual abuse and exploitation; 8) Children victims of trafficking; 9) Children victims of the worst forms of child labor (ILO 1999); 10) Children who are married before the legally defined age; 11) Refugee and displaced children.

facing youth, children, and OVC. Young people have not only become vulnerable due to the HIV status of their parent or caregiver, but are increasingly becoming infected themselves. According to INSIDA (2009), Mozambican youth aged 12-19 account for 6.8 percent of the overall cases of HIV while those aged 20-24 are 10.9 percent; thus, in total, youth account for over 17 percent of HIV cases in Mozambique. It is estimated that there are approximately 500 new infections occurring daily, mostly among young people under 25 years of age. Children under the age of 15 account for 1.8 percent of the people living with HIV/AIDS. The prevalence among children born from a HIV positive mother is 10.3% compared to those born from a HIV negative mother (0.5%). [19] Children under the age of five are particularly vulnerable, since they are at risk of transmission of HIV from mother to child and frequently suffer from malnutrition, due to several socio-economic factors. Based on Mozambique's Ministry of Health data, at the end of 2013 there were 41.400 children on ART (0-14y) representing only a 46% coverage of the need. One of the major challenges is the identification of infected children, linkage with care, starting ART and retention in treatment.

If left unabated, the HIV/AIDS epidemic in Mozambique will continue to leave children orphaned and vulnerable, forcing them to face by themselves a very challenging and bleak future. There are approximately 20,000 child-headed households in Mozambique (MICS, 2008). While most children orphaned or vulnerable due to HIV/AIDS are usually absorbed into extended family networks, they suffer from discrimination and stigma within their families and communities. In 2010, a study conducted by Boston University on the status of OVC in four districts of Mozambique revealed that OVC posted the lowest outcomes for food security, nutritional status, health, emotional well-being, and education compared to other non-orphan children in the study. The government, international and local partners, and communities, are collaborating to address this mounting crisis, however, resources have not been sufficient to provide care and support for the growing number of OVC and poor households. To reduce the socio-economic impact of HIV/AIDS on OVC, evidence-based interventions should focus on building strong family and community safety nets to ensure that OVC receive the care and protection they need to lead healthy, safe, and productive lives.

I.3. Response of the Government of the Republic of Mozambique (GRM or GOM) to OVC challenges

The GRM's strategic response to the crisis of OVC focuses on strengthening community-based efforts to provide better care, support, and protection for OVC. The main guiding document that outlines the GRM's approach to addressing OVC issues is the National Plan of Action for Children (PNACII) 2013-2019. PACOV identifies four strategic objectives for the national response to OVC, which are:

- Child Survival
- Child Development
- Protection
- Child Participation

[19] INSIDA, 2009

The GRM's OVC strategies and policies are based on international commitments and goals adopted by the government such as the Convention on the Rights of the Child (CRC), the Global Framework for HIV/AIDS, and the Millennium Development Goals (MDGs) as well as national priorities set out in key policy documents such as the National Strategic Plan against HIV/AIDS (PEN III), National Policy on Social Action. PEN III (2010-2015) provides the overall framework for the national response to HIV/AIDS and gives the Ministry for Women and Social Action the mandate to mobilize and coordinate programs and activities aimed at preventing and mitigating the impact of HIV/AIDS on OVC. PEN III identifies strategic priority areas for providing support and protection to OVC, which are food and nutrition, education and life skills, health care, psychosocial support, financial services, and legal protection.

The GRM's National Strategy for Basic Social Security (Estratégia Nacional de Segurança Social Básica (ENSSB 2010-2014) provides basic social protection programming to include the poorest and most vulnerable groups in Mozambique. The ENSSB comprises four components which include: 1.) Direct Social Action for social assistance for poor and vulnerable families unable to work as well as those facing transient, temporary shocks. 2.) Education Social Action facilitates access to basic education through measures such as school feeding. 3.) Health Social Action promotes access to basic health care for vulnerable populations as well as nutrition interventions and 4.) Productive Social Action to increase access to economic opportunities for poor and vulnerable families who are able to work.

The GRM's Health Sector Strategic Plan (2014-2019) (PESS - Plano Estratégico do Sector da Saúde) was developed by the MOH to set a five-year vision and goals for the period from 2014-2019 and aims at improving access to quality health services for all Mozambicans including the prevention and treatment of endemic diseases. The PESS health priorities include a focus on reducing the burden of endemic diseases such as malaria, HIV, TB and Non-Communicable Diseases (NCDs). GRM health strategic goals within the PESS also include increased access and utilization of health services; improved quality of services provided; reduced inequalities between population groups; geographic access to and utilization of health services; improved efficiency in service delivery and resource utilization; strengthened partnerships for health on the basis of mutual respect; increased transparency and accountability in how public sector assets are used; and a strengthened Mozambican health system.

The PESS emphasizes community participation as crucial to the identification and solving of problems relating to access to health services. In order to improve health service delivery, the PESS focuses on community involvement and participation through the revitalization of the role of the community health workers who will be responsible for health promotion within their communities and at the same time act as a link between the health facilities and their communities. Mozambique also has several key national plans and strategies that recognize the importance of community engagement and participation for better health outcomes, such as the Quality Improvement and Humanization of Health Care Strategy (MISAU, 2011-2014), the Health Promotion Strategy (MISAU, 2010) and the Community Involvement Strategy (MISAU, 2004). These strategies support the need to create engagement and participation of communities and citizens, which is also promoted in the broader country development agenda, through the decentralization process that foresees communities and citizen participation at local, district and provincial level, in areas such as health and humanization and quality councils.

I.4. Linkages to USG Policies, Programs, and Ongoing Activities:

This section presents the overarching framework that guides USG-funded OVC programs in Mozambique and describes the linkages of this program to other USAID/Mozambique and President's Emergency Plan for AIDS Relief (PEPFAR) programs as well as key policies such as the Global Health Initiative (GHI) and USAID Forward reforms.

Foreign Assistance and the Country Assistance Strategy
The USG strategy for development and foreign assistance in Mozambique prioritizes five strategic goals for U.S. foreign assistance: 1) Strengthened democratic governance in Mozambique; 2) Improved competitiveness of key economic sectors; 3) Improved health of Mozambicans; 4) Expanded opportunities for quality education and training; and, 5) Enhanced capabilities of Mozambican security forces. This activity will contribute to improved health of Mozambicans and expanded opportunities for quality education as well as cross-cutting issues of women and girls' empowerment and HIV/AIDS reduction by strengthening community-based social support for OVC.

USAID Country Development Cooperation Strategy for Mozambique: FY 2014-2018
This activity will contribute to USAID's Country Development Cooperation Strategy for Mozambique Development Objective 4 - "Health Status of Target Populations Improved." It will specifically address IR 4.1 Increased coverage of high impact health and nutrition services. Simultaneously, IR 4.1 is mutually supported by IR 4.2 Increased adoption of positive health and nutrition behaviors, and IR 4.3 Strengthened systems to deliver health and nutrition services. This activity also supports Development Objective 3 - "Labor quality improved through education and training," specifically addressing IR 3.2 – Improved education achievement of vulnerable children.

USAID works closely with other USG agencies operating in the health sector, including the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Department of Defense (DoD), the U.S. Peace Corps, the U.S. Department of Agriculture, and the State Department (DoS). Additionally, interagency joint planning efforts, such as for the annual PEPFAR Country Operational Plan (COP) and Malaria Operational Plan (MOP) to maximize synergies.

<u>President's Emergency Plan for AIDS Relief:</u>

PEPFAR is implemented as an integrated response by USAID, U.S. Center for Disease Control and Prevention (CDC), U.S. Department of Defense (DOD), U.S. Department of State, and Peace Corps. The SDS-OVC-MZ activity will be mostly funded by PEPFAR and therefore is linked to PEPFAR Mozambique Partnership Framework Goal 1 - Reduce new HIV infections in Mozambique, Goal 4 - Improve access to quality HIV treatment services for adults and children, and Goal 5 - Ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health and social welfare systems.[20] The SDS-OVC-MZ activity supports PEPFAR's OVC overall goal to strengthen the capacity of families and communities to care for OVC.

Accelerating Children's HIV/AIDS Treatment (ACT):

The ACT Initiative is a two-year effort to double the number of children receiving life-saving anti-retroviral treatment (ART) in 10 sub-Saharan African countries. The initiative will enable 300,000 more children living with HIV to receive ART and is funded by PEPFAR and the Children's Investment Fund Foundation (CIFF). PEPFAR and CIFF worked together to select the participating countries, which are among those with the lowest access to pediatric treatment and the greatest disparity in treatment coverage for children compared to adults living with HIV/AIDS. Mozambique is amongst the 10 sub-Saharan African countries selected to participate in ACT and plans to double the number of children on ART by the end of 2016. Ensuring that children are healthy and live to adulthood enables them to grow economies, create jobs, and contribute to their families and communities for decades to come. More information is available at: http://www.pepfar.gov/press/releases/2014/230334.htm

Determined, Resilient, Empowered, AIDS-Free, Mentored, Safe (DREAMS):

Recently, PEPFAR, the Nike Foundation, and the Bill & Melinda Gates Foundation launched the DREAMS Partnership. This $210 million dollar partnership is an ambitious effort to decrease the rates of HIV incidence and to mitigate risk to adolescent girls and young women ages 15-24 years old by 25% in at least 10 sub-Saharan African countries, including Mozambique, over the next two years. PEPFAR OVC programs are expected to play a key role in the accomplishment of the DREAMS Partnership goals to substantially reduce new HIV infections in adolescent girls and young women. The PEPFAR Mozambique DREAMS proposal is being finalized, and is likely to focus on a limited number of high HIV prevalence districts in Zambezia, Sofala and Gaza with an eye toward coverage and saturation. The DREAMS core package of evidence-based interventions to reduce new infections in adolescent girls includes activities which OVC programs are well positioned to support, such as education and psychosocial support, and other combination socio-economic approaches. The DREAMS approach is to build on existing national programs and priorities. Therefore, , it would be critical for the SDS-OVC-MZ to be proactive and identify and subgroups of girls at high risk of HIV infection in the targeted districts, including importantly out-of-school girls, and the packages of existing interventions that they can benefit from which reduce the risk of exposure to HIV. The establishment of formal cross referral mechanisms with child welfare and protection services will be essential to identifying girls and boys at high risk of abuse, neglect, and HIV infection including children living outside of family care and/or child survivors of abuse. The DREAMS press release can be accessed at:

[20] Mozambique PEPFAR Partnership Framework, 2009-2013

http://www.pepfar.gov/press/releases/2014/234531.htm

USAID Education Investments:

USAID/Mozambique is funding the implementation of an Early Grade Reading project known as Aprender a Ler (ApaL), which aims to improve the reading outcomes for students in grades 2-3 in Nampula and Zambezia provinces. The Education Office collaborates closely with USAID's Integrated Health Office's (IHO) OVC program to fold issues of girls' education and child protection into the Mission portfolio. The Education Office and OVC Program has worked together to design a Community Block Grant pilot activity to assist communities to improve overall quality and access of vulnerable girls to upper primary school and lower secondary. It is expected that progress will be measured by primary school completion rates, reading outcomes, and transition rates to lower secondary for vulnerable children.

The IHO implements care and support activities for Orphans and Vulnerable Children, which includes as a joint priority for the GRM, access, retention, and achievement in the educational system for vulnerable children. Hence, this represents the continuum of service delivery coverage—across both the health and education sectors. Activities' focusing on these most-at-risk children presents an important opportunity for continued coordination with for this activity with the awardee, IHO, and the Education Office and its activities in Zambezia and Nampula provinces regarding strengthened School Councils and School Management Groups around the issues of mutual interest for OVCs.

USAID/Mozambique is also interested in studying how early grade reading interventions affect OVC, girls in particular, to ensure more effective programming targeting of OVCs and girls with an overarching emphasis of improved reading outcomes and learning equity for all children. Therefore, coordination and collaboration among both offices' implementing partners will be crucial for targeting and improving school achievement outcomes of OVCs in districts of overlap between SDS-OVC-MZ and ApaL supported schools.

USAID Agriculture Investments:

The Strengthening Agribusinesses and Fostering Rural Alimentation activity has two primary objectives to increase the productivity and competitiveness of Mozambique's agricultural sector and to improve the nutritional status of pregnant and lactating women and children less than two years (known as the 1,000 day population) in the Feed the Future (FtF) Zone of Influence (ZoI). Water, sanitation, and hygiene activities are also an important component of the activity. Where the SDS-OVC-MZ and FtF overlaps, there are opportunities to leverage both projects' interventions to improve the benefits for OVC families to improve their food security by adopting more productive agriculture technologies, improving nutrition and health, and connecting farmers to markets.

Global Health Initiative:

The Global Health Initiative (GHI) strategy in Mozambique offers a five year vision for a direct and integrated response to the issues facing the health sector in Mozambique – limited access to basic services, difficulty in getting resources to where they are needed, and challenges in deploying and retaining trained health workers at all levels – through strategic collaboration with the GRM and other key local partners to reduce maternal, newborn, and child (MNC) mortality in rural populations. GHI Mozambique will contribute to GRM goals and the GHI goals of reduction in MNC mortality by 2015 by investing in three key areas: 1) Strengthened governance in the health sector; 2) Improved retention and management of the health workforce; and, 3) Expanded access and uptake of quality MNC health services. This activity will primarily link to area 3 of the GHI strategy: Expanded access and uptake of quality MNC health services by enhancing the health referral system at the community level for HIV-infected mothers and children and promoting MNC health through early childhood development (ECD) programs. The GHI focus provinces are Zambézia, Sofala and Gaza, which all overlap with focus provinces for this activity.

PEPFAR Gender-based Violence Scale-Up Initiative (GBVI):

Mozambique is scaling up efforts around gender-based violence (GBV) prevention, care and treatment. Focus provinces include Cabo Delgado, Gaza, Sofala, Maputo City, Maputo Province, and Zambézia. The objectives of the GBVI are: 1) Expand and improve coordination and effectiveness of GBV prevention efforts; 2) Improve policy implementation in response to GBV; and, 3) Improve the availability and quality of GBV services. The implementing partners of USAID, CDC, and DOD are piloting three new GBV indicators in their community, clinical and capacity building activities. The SDS-OVC-MZ activity will compliment and add value to the work currently being done under the GBVI.

USAID Forward:

USAID Forward reforms focus on capacity-building and country ownership strategies to help USAID achieve high-impact and sustainable development results. The Recipient will function as a direct implementer as well as technical assistance provider, grant maker, and administrator for Mozambican non-governmental (NGO), community-based (CBO) and faith-based (FBO) organizations, associations and networks providing community-based care and support to OVC. Partnerships with local organizations should include capacity building[21] activities to strengthen the local partners' financial management and organizational capabilities.

[21] Local Capacity Development aims to strengthen local organizations by focusing on strengthening governance, activity implementation, proposal writing, and financial/administrative management while at the same time providing technical assistance to local organizations to increase the effectiveness of their activities.

USG Action Plan on Children in Adversity:

PL 109-95 – The Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005 – calls for a comprehensive, coordinated, and effective response on the part of the U.S. Government to the world's most vulnerable children. Launched in late 2012, the USG Action Plan on Children in Adversity (APCA) provides an interagency strategy and supports a whole-of-government approach to achieve a world in which all children grow up within protective family care and free from deprivation, exploitation, and danger.

- Objective 1: Build Strong Beginnings
- Objective 2: Put Family Care First
- Objective 3: Protect Children

PEPFAR will link the OVC program as a key component to the USG's Action Plan for Children in Adversity (APCA), to help further sustainability of OVC programming. SDS-OVC-MZ activity's core community- and family-based approaches will support and enable families to care for their children; prevent unnecessary family-child separation; and promote appropriate, protective, and permanent family care. The SDS-OVC-MZ activity's will help ensure that the youngest children not only survive, but also thrive through comprehensive approaches that promote sound development of children through better access to health, nutrition, appropriate stimulation and social support. The SDS-OVC-MZ activity will also contribute to prevent, respond to, and protect children from violence, exploitation, abuse, and neglect through targeted support to GRM's social and child welfare systems, informal community structures and norms, and positive parenting knowledge and skills.

Alignment with the Health Sector Donors in Mozambique:

Donors have identified three interrelated systems strengthening priorities critical to the immediate and long-term success of health service delivery programs in Mozambique: 1.) Human resources capacity and management, 2.) Supply chain management, and 3.) Stronger linkages between communities and health facilities. Activities under SDS-OVC-MZ will seek to strengthen the linkages between community and facility based interventions to ensure a seamless continuum of care for OVC families. Therefore, it is crucial to coordinate and leverage what other stakeholders are doing to avoid duplication of efforts, and achieve better results.

Donor-Funded Activities in Social and Child Protection:

UNICEF works with the Ministry of Gender, Children and Social Action, USAID and other stakeholders to scale up support for vulnerable children who fall outside of any care or support systems. Its work in this area is guided by the national Plan of Action for Children II, which outlines the main principles of intervention, targets and priority actions that have been agreed upon by all major governmental sectors, civil society, and multi-lateral partners.

Another key area of UNICEF's work is the support provided to the Ministry of the Interior in the creation of more than 200 specialized Police Centers nationwide for children and women who are victims of violence, abuse and exploitation. These support centers provide a safe space for victims to report incidents of violence to the Police and to access social services. UNICEF also works with the Ministry of Justice to improve the response of the juvenile justice system to children in conflict with the law, which has led to the creation of six Children's Court sections since 2007. As part of the National Action Plan for Birth Registration, UNICEF supports the Ministry of Justice to accelerate birth registration activities and strengthen the routine birth registration system. The program includes a strong community-based social mobilization strategy to raise awareness among families and communities of the importance of birth registration, with a specific focus on the registration of orphaned and vulnerable children.

Under Social protection, UNICEF is also assisting the INAS, National Institute of Social Action, with provision of Technical Assistance to expand social protection programs which provides cash transfers and in-kind material support to the most vulnerable households.

The Dutch Embassy and DFID are the donors most involved in the area of social protection in Mozambique at present. Both provide funding to the GRM to expand the social protection benefits to eligible families, through INAS. Activities under the SDS-OVC-MZ should coordinate and work in close relationship with INAS to ensure that eligible OVC families are effectively linked and benefit from social protection interventions as appropriate.

<u>USG investments in Social Welfare systems:</u>

Since 2012, through FORSSAS - Health and Social Welfare Systems Strengthening, USAID Mozambique has been supporting MGCAS to implement competency-based Social Action and Infant Educator Technician's courses. These courses are carried out in conjunction with the Institute of Health Sciences of Maputo (ICSM). These courses lay the foundation for stronger and more capable human resources for social welfare in Mozambique.

Recognizing the role played by Community Committees (CCs) the protection and facilitation of access to services for vulnerable children and their families, the Ministry of Gender, Children and Social Action, in partnership with Save the Children in Mozambique developed in 2010 a "Reference guide for the establishment and operation of Community Child Protection Committees". This guidance promotes the community's role in the identification and referral of children living in adverse situations and their families, for internal solutions to the problems they face, and /or access to external services provided by governmental and non-governmental institutions. USAID Mozambique is supporting UNICEF to accelerate the placement of vulnerable children at risk of living without parental care in extended, foster or adoptive families; by strengthening the Community Child Protection Committee which will enable an improved case management of the OVC's needs and link the eligible families to the INAS social protection benefits, as well as refer them to other basic social services as health and education, and to complementary services such as psychosocial support, alternative care and legal protection. It is also expected that the program will create strong linkages with the Notary Offices in support of the national birth registration program.

Relationship to Other USAID Health Programs:

The SDS-OVC-MZ activity complements other USG PEPFAR activities working in the area of HIV care and treatment both facility and community based, HIV Prevention, health systems strengthening, and gender-based violence as well as other USG non-HIV health programs such as the Presidential Malaria Initiative, tuberculosis (TB), and MNCH/Family Planning (FP) programs. It will be critical that the SDS-OVC-MZ co-plan and coordinate with these other USG funded activities in order to achieve mutually shared activity level goals. The SDS-OVC-MZ activity will not only focus on strengthening the capacities of families and communities to provide better care, support, and protection for OVC but work to ensure that the families they are providing services to are also utilizing services provided by other complimentary USG and GRM supported activities.

Hilton Foundation/PATH Early Childhood Development (ECD) Global Development Alliance (GDA):

Under the PEPFAR Incentive Fund Round 3 and building on the successes and lessons learned from the first phase of implementation of integrated programming in 2 districts of Maputo province between 2012 and 2014. PATH will implement a three year project to scale up integrated ECD interventions in all Maputo Province PEPFAR scale up districts and technical assistance to selected provinces in Mozambique. This activity intends to achieve the following: 1) Create an enabling environment at national level for integration of ECD interventions targeting youngest vulnerable children into social action (OVC) and health (PMTCT) systems and services;
2) Improve care and stimulation behaviors of caregivers for vulnerable children aged 0 to 3 through social action and health sector partnerships with government and civil society that expand integrated ECD programs in the country;
3) Expand knowledge base on integrated ECD through research into relevant family practices, as well as feasibility and impact assessment of interventions.

I.5. Emerging Influence of Extractive Industries:

According to a study carried out by the USAID-funded Support Program for Economic and Enterprise Development (SPEED) project, the Extractive Industries (EI) are attracting many immigrants into their activity's geographic districts, mainly job seekers, their families, and others in search of income opportunities. So far no analyses have been made to project migratory numbers and patterns and no adequate assessment exists about the health impacts so as to inform strategic planning and avert or mitigate negative impacts and/or to enhance positive ones. Although there are no official population projections, there are examples showing large growth such as the case of Topuito in Nampula Province's Moma district where the Kenmare project is based. This (previously) small locality has grown almost threefold in five years, from 7,000 people in 2007 to approximately 21,000 in 2012 (according to the District Administration).

Population migration into and population density in EI project sites will affect communicable disease patterns such as HIV/AIDS, Sexually Transmitted Infections (STIs), tuberculosis (TB) and malaria resulting in their increasing prevalence. Data from a (draft) report from the International Organization for Migration (IOM) Partnership on Health and Mobility in East and Southern Africa (PHAMESA) project indicated that migration corridors contributed to a 100% increase in HIV prevalence in the central and south region of Mozambique while mining in the South African mines and other migrations contributed an additional 50% increase in HIV prevalence in the south. Similar trends were noted with TB where migration corridors nearly doubled TB prevalence in the center and south of Mozambique. Mine workers and other migrants contributed to the TB burden by a further 100% over the base rate thus tripling the burden of disease (HIV & TB) in southern Mozambique with the increased circular migration induced by EIs at a national level (as EI districts are clustered in the center and north), disease burdens will spread throughout the country with potentially more severity in the provinces supplying numerous workers to the EI sites. Furthermore, with the advent of the EIs, children will likely become more vulnerable to child labor and prostitution, especially along the migration corridors. It can be expected that HIV and TB prevalence will increase by more than 300%[22], in the provinces supplying numerous workers to the EI sites, if conditions and effects in the Mozambique EI sector are similar to those conditions in the South African mining and migration case.

I.6. Activity Overview:

GOAL: The overarching goal of this activity is to improve the health, nutritional status and well-being of the Orphans and Vulnerable Children living in PEPFAR target districts.

PURPOSE: The purpose of this activity is to provide quality, comprehensive & compassionate services to strengthen the capacity of families and communities living in PEPFAR target districts to care for and protect the children within their care.

OBJECTIVES: The four overall objectives of this NFO are to:

1) Increase the utilization of quality social, health and nutritional services among the children and caregivers within the target OVC households.

[22] USAID/SPEED Project - How to Respond to the Fundamental Changes in Mozambican Society as a Result of the Extractive Industries. 2013

2) Reduce the economic vulnerability of OVC households so that they can better provide and plan for the essential needs of the children in their care.

3) Increase the capacity of families and communities to better provide early childhood development services that promote healthy, nurturing, engaging and safe environments for vulnerable children under the age of 5.

4) Increase the capacity of district government and communities to provide essential preventative and protective services to vulnerable families and children.

I.7. Program Description:

USAID is seeking to fund an implementing partner to provide comprehensive, high quality, and cost effective services and assistance to meet the activity's objectives. A combination of robust direct services, coordination between community and facility based services, and effective referrals and linkages for children and households affected by HIV and AIDS is essential in achieving the goal of improving the health, nutritional status and well-being of the Orphans and Vulnerable Children living in PEPFAR target districts. It is expected that regular meetings between USG funded community and clinically based program managers/points of contact be planned and held during the implementation period to ensure that synergies are maximized.

I.8. Geographic Scope:

Given extensive consideration of the HIV epidemic, this activity will be implemented within PEPFAR defined geographically prioritized districts of the following provinces: Maputo, Gaza, Inhambane, Sofala, Manica, Tete, Zambezia, Nampula, Cabo Delgado and Niassa. The prioritization of target districts is based on a combination of several key factors, and for this activity the following shall be considered: 1) high HIV & AIDS prevalence rates 2) high prevalence of orphans and vulnerable children, and 3) be located in close proximity to other PEPFAR supported HIV and AIDS services and interventions and within PEPFAR defined geographically prioritized areas. Based on the factors outlined above, the following districts have been prioritized:

Cabo Delgado	Maputo City	Tete	Manica
Ancuabe	Kamavota	Changara	Barue
Chiure	Kamaxakeni	Cidade De Tete	Cidade De Chimoio
Cidade De Pemba	Kamubukwana	Moatize	Gondola
Macomia	Nlhamankulu	Mutarara	Machaze
Montepuez	Maputo Province	Zambezia	Manica
Mueda	Boane	Alto Molocue	Mossurize
Muidumbe	Cidade Da Matola	Chinde	Sussundenga
Gaza	Manhiça	Cidade De Quelimane	Sofala
Bilene	Marracuene	Gile	Buzi
Chibuto	Nampula	Inhassunge	Chibabava
Chokwe	Angoche	Maganja Da Costa	Cidade Da Beira
Cidade De Xai-Xai	Cidade De Nampula	Milange	Dondo
Guija	Malema	Mocuba	Marromeu
Mabalane	Mecuburi	Mopeia	Nhamatanda
Mandlakaze	Moma	Morrumbala	
Xai-Xai	Monapo	Namacurra	
Inhambane	Muecate	Nicoadala	
Inharrime	Nacala	Pebane	
Massinga	Nampula		
Maxixe	Niassa		
Vilankulo	Cidade De Lichinga		
Zavala	Cuamba		

Note that geographic coverage could potentially decrease or expand during the timeframe of this activity based on PEPFAR prioritization over time as directed by PEPFAR and USAID. The USAID team will discuss and define geographic prioritization with the applicant prior to implementation of this activity, which shall not overlap with the OVC Girls Education program districts.

Recipients will be expected to use criteria similar to those listed above to prioritize communities within each of the selected districts. In districts where there are other USG supported activities operating, applicants will be expected to describe how they will coordinate with these existing activities to avoid duplication of services and leverage those activities to reach their expected results.

The catchment area of facility based HIV, MNCH, FP and Reproductive Health services should be a significant consideration in the determination of prioritized communities within each of the selected districts.

The coverage of Early Childhood Development (ECD) interventions in Maputo Province districts should be coordinated with the implementer of the Hilton/PATH ECD GDA to avoid duplication and improve synergies.

I.9. Programming Focus:

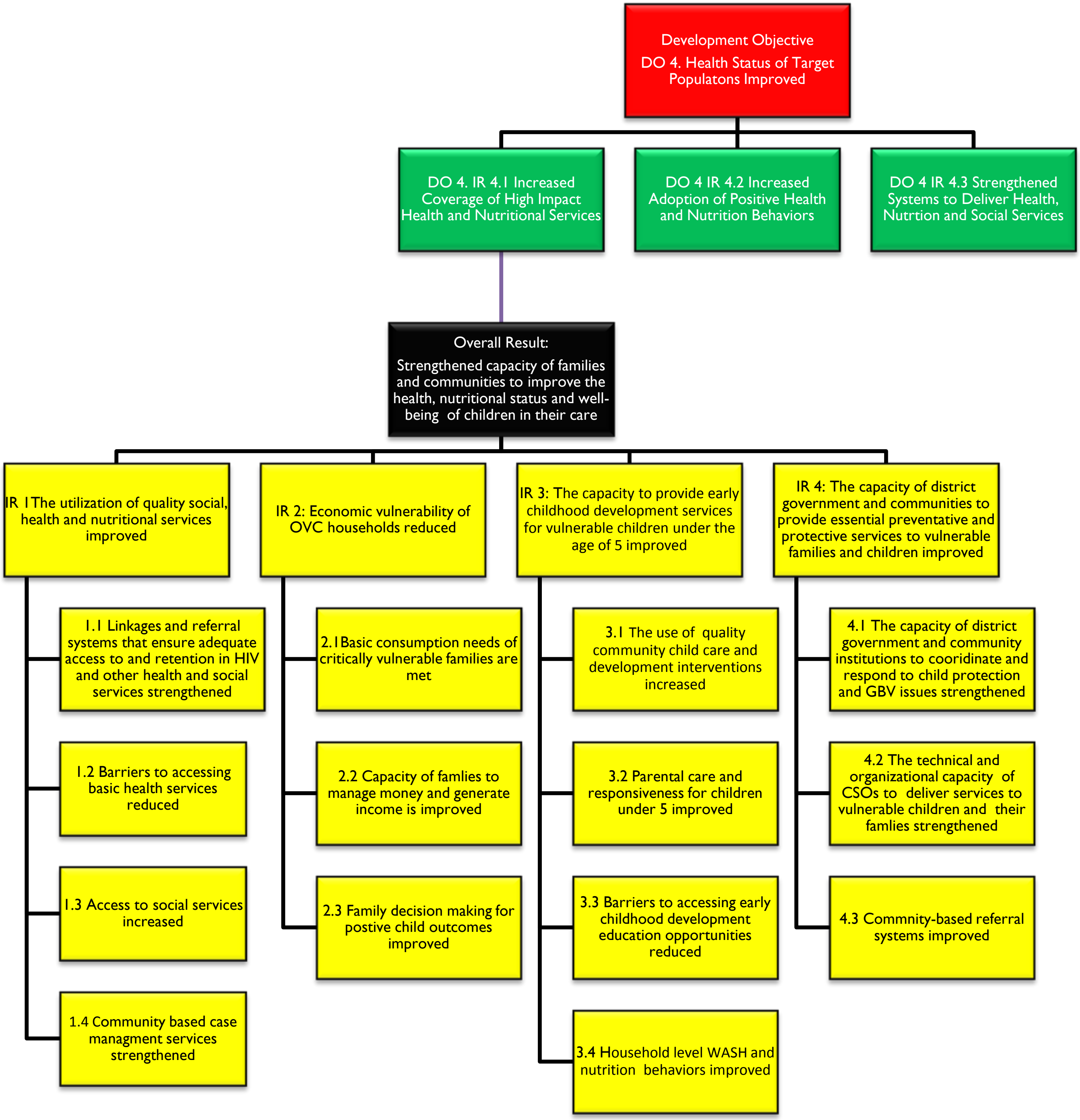
The types of programming that will be supported through this NFO are aligned to the USG and GRM strategies and priorities to support, protect, and strengthen vulnerable children, families, and communities who are infected and affected by HIV & AIDS. The major focus of funding support will be to:

1.) Deliver community centered comprehensive evidence-based programs that strengthen families and households to meet the holistic needs of orphans and vulnerable children in targeted geographic areas.
   a. Address the vulnerabilities of households including those affected by HIV and AIDS by stabilizing household assets, improving nutrition and food security, generating income, and fostering market linkages.
   b. Assist vulnerable families to access the social and educational services necessary for improved health and wellbeing, including early childhood development programs, diverse educational opportunities, most importantly government basic education, parenting support, child protection services, and prevention of gender based violence and protection services.
   c. Improve care practices in families for orphans and vulnerable children and other vulnerable family members and address behavioral barriers to effective care and support practices.

2.) Strengthen the capacity of district governments, communities and local community based service providers to care for children and vulnerable families
   a. Assist schools, health centers, child protection committees, case management systems and other relevant groups to develop, implement and maintain sustainable models to support the individuals living in vulnerable households.
   b. Build the capacity of communities to create an enabling environment where children can grow well and develop into productive members of society and to reduce stigma and discrimination against OVC and PLWHA.

3.) Increase linkages to essential facility based services that invest in orphans and vulnerable children with a special focus on children ages 0 – 5 and adolescents, particularly girls
   a. Provide comprehensive evidence-based community centered health, education and social programs that increase linkages to Prevention from Mother to Child Transmission (PMTCT), Pediatric HIV care and support, nutritional services and maternal and newborn child health services, with robust linkages to Early Infant Diagnosis, Pediatric HIV care, support, and treatment, nutritional services, and that invest in children ages 0-5.
   b. Deliver sustainable community based programs that assist adolescents, particularly girls, to meet their own needs through meaningful youth participation and effective HIV prevention education and linkages to HIV & sexual and reproductive health services.

I.10. Results Framework:



I.11 Activity Descriptions and Expected Results:

Objective 1. Increase the utilization of quality social, health and nutritional services among the children and caregivers within the target OVC households.

Accessing essential social, health and nutritional services continues to be a major challenge for many of PEPFAR's target households. While economic strengthening efforts under objective 2 will help some families improve their access to and use of these services on their own, other families will require other forms of support. Priority services include: assistance for primary school attendance, birth registration, social protection grants and child protection. Utilization of antenatal clinical care (for pregnant women and infants) and other health facilities providing preventative and treatment services for common childhood illness to children (especially those under age 5) are essential in obtaining activity objectives. Both community and clinical based nutritional services are also critical in contributing to improvements in children's health status. This activity's focus on sustainability necessitates that the activity avoid direct service provision and instead work through more permanent structures such as families and service providers to achieve results. It is understood that the availability and quality of most essential services, especially in the area of health, are generally outside the recipient's manageable interest. However, the close coordination and collaboration expected through this activity should allow the recipient to share beneficiary feedback with service providers and influence some aspects of their service delivery. The establishment of and strengthening of community case management services and referral and linkage systems will be key in achieving results for objective 1.

Proposed interventions and activity strategies should exhibit their relationship to PEPFAR's continuum of care especially in its links with PMTCT services. Interventions that can increase access and utilization of ANCs may help to initiate earlier visits, increase follow-up visits, promote adherence to care and treatment regimens, and sustain care for mothers and infants (regardless of HIV status) to improve child survival. Improving child access to education also has clear implications for prevention outcomes, as there is strong evidence for the protective role of education in HIV prevention.

It is also expected that the SDS-OVC-MZ interventions should forge linkages with clinical based nutritional services, NACS – nutritional assessment counselling and support, and provide a variety of complementary community based nutritional services such as malnutrition screening and referrals as appropriate, nutrition education and skills building at the household level to promote nutritious food choices, proper feeding habits, balanced meals and strengthen households knowledge and ability to pay for food. The Savings and Loan Groups supported under OVC programs have shown in studies to improve household nutritional status. Develop key household/community hygiene behaviors and actions such as treatment and safe storage of drinking water, hand-washing with soap, safe disposal of feces, proper storage and handling of food to prevent contamination. Where feasible, SDS-OVC-MZ should ensure OVC and their families are linked to programs that assess their economic and household food security status and offer provision of assistance through FtF.

Expected results:

- Improved referral, linkages and support for access to ART care and treatment for children and PMTCT services for HIV positive pregnant women and their infants;
- Improved referrals, linkages and support for access to behavior change HIV prevention, testing and sexual and reproductive health services for adolescents and orphaned children
- Improved access to HIV prevention interventions for vulnerable children and their families
- Increased access to education
- Increase rate of caregiver's knowledge of HIV status for OVCs under their care
- Decreased LTFU rates of PMTCT clients enrolled in OVC interventions and case management
- Increased access and retention to primary and lower secondary schools for OVC
- Improved immunization status among OVC
- Improved birth registration rates of OVC
- Improved health status of OVC
- Improved nutritional status among OVC
- Improved health-seeking behavior among target households
- Improved technical capacity of local Mozambique partners to offer community based health and social case management services

Objective 2: Reduce the economic vulnerability of OVC households so that they can better provide and plan for the essential needs of the children in their care.

Economic stability and welfare at a family level can lead to multiple outcomes for both adult caregivers and children. If families are identified or recruited through other points in the continuum of care (e.g., ANCs providing PMTCT services or health facilities treating PLWHA), these family strengthening interventions can contribute directly to delaying the need for treatment, adhering to treatment and other care regimens, reductions in loss to follow-up, and coping with prolonged illness and death. Better nutrition, education, health, and psychosocial outcomes are expected for children in these families. Economic stability may also contribute to HIV prevention and response objectives for some populations.

Economic strengthening approaches provide the necessary support to stabilize and strengthen vulnerable households. The immediate objective of these approaches is to improve resilience and purchasing power so that families can afford to consistently feed, educate, and care for their children even in the face of potential shocks like illness, disability, or death of a key breadwinner in the household.

Most of the target families for this activity will fall into a category of "moderate vulnerability" – where they earn an irregular income throughout the year and struggle to make consistent expenses for food and other necessities, as well as larger lump-sum expenses from time to time (for instance for schooling costs or ANC visits). Supporting these families to steadily improve their standard of living through money management such as village savings and loan schemes and income generation interventions are the recommended entry point for supporting these families. Activities that establish savings groups, farmer field schools and small business groups provide financial education to vulnerable households and provide innovative money management financial tools can all contribute to the reduction in OVC households' economic vulnerability.

Some target families are likely to be too poor or vulnerable to participate in and benefit from money management interventions, at least during initial stages of support. Consumption support is appropriate for the most vulnerable families and aims to build their capacity to pay for basic necessities. Interventions involve direct transfers of resources to families in order to support basic needs of household members, particularly children. Consumption support is intended to stabilize the economic conditions of poorest households in preparation for graduating them into more sustainable modalities of support. Graduating into a wider program of support minimizes the potential for stigma, builds critical social capital with other community members, and offers cost-effective follow-up.

Household economic strengthening interventions create structures and behaviors that can provide platforms to layer on other interventions to reinforce positive parenting practices and strengthen family decision-making in the best interests of children. Sometimes known as "savings plus," these approaches take advantage of the regular meetings, newfound aspirations, and group cohesion to explore other relevant topics and issues using participatory and adult learning approaches. This platform allows learning about HIV prevention, parenting skills development and education, intra-household communication, nutritional education, and couples communication. The integration of these complementary interventions can ensure that welfare gains at the family level also translate into positive outcomes for children.

Expected Results:

- Increased number of families/households reached through HES interventions
- Increased access to education
- Increased access to GRM Social Protection Schemes
- Improved health status of OVC
- Improved nutritional status among OVC
- Improved health-seeking behavior among target households
- Improved parenting skills

Objective 3. Increase the capacity of families and communities to better provide early childhood development services that promote healthy, nurturing, engaging and safe environments for vulnerable children under the age of 5.

Early childhood development (ECD) services are a powerful equalizer, because they provide assistance during a time when disadvantages can most easily be addressed, remedied and reversed. Activities should focus on the household level parenting skills and capacity and on building community capacity to be responsible for ECD interventions. Interventions should address immediate basic needs of vulnerable children that include health, nutrition, water and sanitation, stimulation and early learning, and psychosocial care.

Sensitization of community leaders, parents and future parents on the importance of ECD and protection of children can be done through training for community volunteers, ECD workers, district and village level committees and other community-based initiatives. Parent/caregiver support and education groups are valuable means of fostering relationships among caregivers experiencing similar stress, strengthening their coping and parenting skills, and exploring a range of strategies to address age-specific child development issues. Community interventions should be structured and strengthened to provide links with nutrition support, immunization, water, sanitation and hygiene (WASH), PMTCT and adherence counselling, HIV testing for children, and other social services.

Children ages two to six years old benefit from experiences for learning through play and exploration in groups. Such opportunities allow children to experience mediated play and learning in safe and structured environments. These may be provided within a home setting, through community-based activities and within the pre-school settings, depending on the locality and availability of resources. Cost effective, quality interventions can capacitate and train caregivers as facilitators and mediators of ECD where large numbers of children do not have access to formal ECD centers. There are other opportunities to enhance the capacity of communities and local service providers to sustain ECD services for children and vulnerable families through the injection of additional ECD knowledge and skills and activities into health centers, child protection committees, and other relevant groups that can implement and maintain sustainable models of providing care and stimulation to young vulnerable children. The strong involvement of local authorities, parents and primary caregivers is critical to the success of programs whether based at home or in community-based facilities.

The community based ECD centers may fulfill a variety of functions: as day-care centers, allowing caregiver’s time for chores and work knowing children are safely cared for; as referral points for other key services, such as child protection, social protection, health, education, and water and sanitation; for following children’s well-being through growth monitoring and promotion, immunization checks and nutrition support. These centers enable some of the most disadvantaged children to access important services especially nutrition at a critical age. The project may define a plan or intervention package for promoting access to ECD, particularly for vulnerable families or those with vulnerable children including child headed households, young mothers, mothers and children coming through PMTCT, widows carrying for many children, families with inadequate adult supervision for young children, children of sex workers, disabled children, and children with identified developmental delays. ECD services should be comprehensive, culturally appropriate and state-of-the-art, with trained facilitators and quality materials.

Community ECD programs can play an important role in improved prevention and response mechanisms to abuse, exploitation and violence against children. Well established linkages between ECD services and child protection services, and well trained ECD and child protection providers are some the attributes of an effective ECD program. Other attributes include: the promotion child protection services for young children; access to birth registration; adequate adult supervision; and child safety within facilities.

Community case managers, child care workers, ECD providers and local leaders can promote early attendance at ANC for pregnant women where they can receive iron and folic acid supplements. These cadres are instrumental in minimizing loss to follow-up during pregnancy, after delivery and during breastfeeding of HIV positive infants and children. Community based nutrition programs should address women's under nutrition especially during pregnancy and lactation, promoting early initiation of breastfeeding, exclusive breastfeeding until six months of age of the child, and adequate complementary feeding for children. Special focus should be given to complementary feeding practices as stunting rates begin to rise once foods (other than breast milk) are introduced into children's diets. Any interventions should include assistance and information on preparing nutrient dense foods for pregnant and lactating women and infants/young children and on prioritizing purchasing the foods required for an adequate diet.

Access to potable water, toilets, and washing facilities and food safety practices at the household level are important to reduce illness such as diarrhea which increasingly interfere with absorption of nutrients from the food consumed. Activities to strengthen and scale up community-based hygiene behaviour change for key WASH practices (1) hand washing with soap and water; (2) treatment, safe storage, and handling of water; and (3) safe excreta disposal including use of improved toilets/latrines through community case managers, community health workers, environmental health officers, and community water/sanitation committees are required.

The activity should promote growth monitoring and promotion for children under five years of age. Mothers and other caregivers thus receive nutrition education and counseling services, and children's weight and height are correctly plotted on the growth card. Strong growth monitoring and promotion activities also facilitate appropriate health seeking and treatment for young children with diarrhea or other diseases. The activity will incorporate family planning messaging wherever relevant and appropriate, for example into parent groups and parenting courses. Addressing barriers to access family planning products and services may need to be considered. Family planning and child spacing is critical for improved nutrition status of children because it allows the mother more time to breastfeed and care for each child, more time for the mother's body to recover between pregnancies, and means fewer children for the family to feed. Short preceding birth intervals are significant predictors of stunting (low height for age) in children under five years of age.

Expected Results:

- Improved health status of OVC
- Improved nutritional status among OVC

- Improved health-seeking behavior among target households
- Improved parenting skills

Objective 4. Increase the capacity of district government and communities to provide essential preventative and protective services to vulnerable families and children:

The public and private systems provide support for child protection, GBV and social welfare at a district level in Mozambique. These systems have challenges due to limited resources (only, 1.64% of the State Budget is allocated for Social Welfare Sector[23]) and inadequate staffing levels and training. Strengthening the capacity and performance of this system to coordinate public and private services for target households within their district is essential in obtaining this activity's overarching goal. This activity should make strategic advances to improve the capacity of district government and community level entities providing social protection, child protection and GBV services in Mozambique. This activity should focus areas that can catalyze positive momentum, reinforce good practices, and make concrete contributions to improved social services and protective services for target beneficiaries.

The activity will focus on building the technical and organizational capacity of two key stakeholders in the social welfare and protection system at the district levels: (1) SDSGCAS and (2) relevant civil society organizations (CSOs). Formal assessments should guide the identification of priorities and selection of interventions. There is an inherent overlap between strengthening organizational capacity and strengthening technical capacity and neither can be done completely independent of the other. Similarly, a functioning social welfare system requires the productive collaboration and coordination of multiple institutions, which understand and carry out effectively their respective roles within the system. Organizational capacity building in this context must naturally include an emphasis on strengthening linkages and coordination beyond individual institutions.

Expected Results:

- Improved case management of households with GBV issues identified
- Improved quality of community and district level social services
- Increased access to social protection services
- Improved health status of OVC
- Improved capacity of families to protect their vulnerable children;
- Improved capacity of communities to protect their vulnerable children;
- Improved child protection interventions at the household and community levels;

I.12. Activity Level Indicators:

[23] 2014 Budget Brief Social Welfare Sector in Mozambique

A limited set of program monitoring indicators will be used to track the progress of key USG-funded activities. Applications for funding under this NFO should clearly state how proposed activities relate to these program objectives and expected outcomes and how data will be collected, verified and reported to document progress toward meeting the objectives, including an M&E staffing plan. All applications must include plans to document, monitor and evaluate program performance. USAID will evaluate progress by monitoring selected indicators and assessing these in relation to the targets and overall objectives and expected outcomes of this NFO.

Applicants are encouraged to develop indicators beyond those stated in this NFO when doing so further demonstrates progress. Applicants can propose to use child and household wellbeing indicators to help measure program impact. Applicants are encouraged to refer to the Core OVC Program Impact Indicators available at http://www.cpc.unc.edu/measure/publications/ms-13-61 in the development of their evaluation plans.

I.13. Illustrative Output Indicators:

The following illustrative output indicators are neither exhaustive nor required to be included in applicants proposals and M&E plans. We encourage applicants to propose a core set of key indicators that will be most valuable to measure progress in achieving the expected results.

No.	Output Indicators
•	Number of individuals trained in some aspect of child development, disaggregated by sex and age
•	Number of children under 5 years of age reached through home visits by a trained caregiver
•	Number of individuals successfully referred to health or social services, disaggregated by sex, age, and category of service (e.g., primary health care, ANC/PMTCT, counselling and testing)
•	Number of children attending an ECD program that has benefited from this project’s support disaggregated by sex and age
•	Number of ECD programs supported
•	Number of pregnant and lactating women attending nutrition education and counseling at community based nutrition sites
•	Number of children under 2 years attending monthly growth monitoring and promotion with their weight and height plotted on growth card
•	Number of households assisted/participating, disaggregated by sex of primary recipient, active/graduated status, and means of identification (e.g., community/clinical referral)
•	Number of children (aged <18) assisted/participating, disaggregated by sex, active/graduated status, and means of identification (e.g., community/clinical referral)
•	Value of consumption support / family support package(s) received per beneficiary household

- Number of savings groups, disaggregated by supported/graduated status
- Number of savings group participants, disaggregated by sex and means of identification (e.g., community/clinical referral/self-selected community member)
- Value of participant savings (including all funds held by the savings groups)
- Calculated return on savings
- Number of training/discussion group participants, disaggregated by sex and topic/thematic area
- Number of financial education participants, disaggregated by sex
- Number of adolescents reached with individual or small group sessions addressing HIV, SRH, GBV
- Number of schools receiving block grants, disaggregated by type
- Number of children benefiting from block grants, disaggregated by sex and age
- Number of individuals covered by promoted health insurance/savings/payment/waiver schemes, disaggregated by sex and age
- Number of families participating in promoted health insurance/savings/payment/waiver schemes, disaggregated by sex of primary participant
- Number of individuals trained in child protection systems
- Number of individuals accessing child protection services
- Number of sites/structures supported to provide improved educational access, child protection or GBV services
- Number of organizations with improved capacity to deliver services to PLWHA, vulnerable children and families
- Number of individuals trained in GBV service provision/clinical management
- Number of community-based service points providing services to households
- Number of individuals trained in some aspect of referral systems for health and social services for vulnerable children and families
- Number of Government officials trained in child protection systems
- Number of organizations supported to establish, strengthen or participate in referral systems to support vulnerable children and their families

I.14. Required PEPFAR Indicators:

(Refer to PEPFAR's Monitoring, Evaluation, and Reporting (MER) Operational Guidance and Indicator Reference Guide for indictor reference sheets.)

All applicants should make sure they refer to PEPFAR's Monitoring, Evaluation, and Reporting (MER) Operational Guidance and Indicator Reference Guide to ensure they are meeting the minimum standards for each indicator. Applicants should propose notional output targets for each indicator that their proposed activities plan to cover. Successful applicants will finalize their exact targets during the final negotiation phase of the award process, and may be adjusted based on USG strategic. The USG also strongly encourages all recipients to provide relevant data to their local, district, provincial and national government counterparts. The following two PEPFAR Level 1 OVC MER indicators will be required by all applicants. Other required PEPFAR Level 2 OVC MER

Indicators should be included based on their proposed activities.

REQUIRED PEPFAR LEVEL 1 OVC MER INDICATORS:

No.	Level 1 Indicators
OVC_SERV	Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services
OVC_ACC	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS

REQUIRED PEPFAR LEVEL 1I OVC MER INDICATORS:

PEPFAR LEVEL 2 OVC MER indicators will be collected and reported every two years by trained survey data collectors. Applicants should refer to MEASURE Evaluation's "Collecting PEPFAR Level 2 Monitoring, Evaluation and Reporting (MER) Indicators: A Supplement to the OVC Survey Tool Kit". It is the intent that applicants will plan and budget to obtain services to collect this data on a biennial basis.

No.	Level 2 Indicators
NC.1	Percent of children whose primary caregiver knows the child's HIV
CW.1	Percent of children <5 years of age who are undernourished
CW.4	Percent of children too sick to participate in daily activities
CW.9	Percent of children who have a birth certificate
CW.11	Percent of children regularly attending school
CW.12	Percent of children who progressed in school during the last year
CW.13	Percent of children <5 years of age who recently engaged in stimulating activities with any household member over 15 years of age
CW.14	Percent of caregivers who agree that harsh physical punishment is an appropriate means of discipline or control in the home or school1
HW.2	Percent of households able to access money to pay for unexpected household expenses

I.15. Technical Considerations:

Throughout implementation of the tasks outlined above, the NFO will be expected to address the following technical considerations. Applicants should incorporate a description for how each of these considerations will be addressed within their technical approach.

I.16. Family/Household-Centered Approach:

It is estimated that over 95 percent of children affected by AIDS in Sub-Saharan Africa, continue to live in families. Interventions that promote family involvement in children's development, build parental knowledge and skills, and improve family stability through, for example, efforts toward economic security and social inclusion fall under the rubric of "family strengthening." Approaches designed to preserve and strengthen families including extended families, offer an effective means for delivering services and preventing further vulnerability. The well-being of children is often strongly associated with the well-being of their parents or caregivers and the presence or a stable and loving caregiver can significantly contribute to a child's resiliency or ability to "bounce-back" during times of crisis.

Approaches should seek to:

- Develop a systematic approach where the primary focus of comprehensive care and support is the entire family in the context of his/her home and community through coordination, collaboration, strategic partnerships and/or linkages and referrals to comprehensive health and social services provided by the government, NGOs, FBOs, CBOs and the private sector.
- Target households (as appropriate to the intervention) rather than for specific individuals (or only children or HIV positive members of the house)
- Empower caregivers to provide for the essential needs of the children in their care.
- Provide services through an integrated family-centered delivery model. Programs will obtain the best results for children and their caregivers when they adopt integrated intervention strategies providing a range of services to the whole family.

I.17. Community- Based Approach:

Communities contribute to the welfare and protection of children and families by establishing a set of norms and expectations of community members that encourage mutual responsibility. Community members serve as frontline responders, identifying and responding to children and families in crisis before they come to the attention of government and civil society as well as monitoring their well-being and advocating on their behalf. They help to identify children and families at risk and often provide vital resources and services in the form of food, household help, emotional support and advocacy for vulnerable individuals and families and the issues they face.

Approaches should seek to:

- Sustain and enhance existing community structures (including informal neighborhood groups, youth groups and structures, groups associated with various faiths, tribal structures and civil society and politically structured committees)
- Engage communities in efforts to advocate for and monitor the quality and access to essential community services (such as schools, health services, protection services, etc.) to reduce discrimination and stigma
- Involve communities in the planning, implementation and evaluation of programs for orphans and vulnerable.

I.18. Needs-Based, Targeted and Age Appropriate Approach:

The needs of individuals vary according to age, gender, socio-economic status and geography.

Approaches should seek to:

- Emphasize outcomes over outputs.
- Develop strengths based case management plans for children and families with monitoring of referral completion and stated case closure goals
- Develop strategies to address the needs of specific sub-sets of the vulnerable children and household, such as children under five, adolescents, disabled, abused, exploited and neglected children and children living outside the care of families (i.e. child-headed households, street children).
- Develop a target group vulnerability index to inform program planning and intervention's design. (i.e. extremely vulnerable, moderately vulnerable, and somewhat vulnerable, and a way to monitor households potentially graduating from one level to another).

The project is expected to adopt a HIV-sensitive approach to targeting household and communities for services.
Approaches should also implement multiple identification and targeting strategies at different levels to maximize outreach and synergies within the broader continuum of care. Strategic targeting will enable this activity to better contribute to the continuum of care and broader PEPFAR outcomes, as many family strengthening interventions can provide important benefits to adults as well as their children.

It is expected that the project will actively reach out to and target potential direct beneficiaries from three sources:

1. Facility Based: The children of adults living with HIV, children of key populations, and children living with HIV are among the most vulnerable children. Appropriate facility based recruitment and referral strategies to identify children through HIV-related facilities and service providers should be prioritized in this activity.
2. Social services – child welfare referrals, post-rape care center referrals,
3. FBOs and CBOs - Community volunteers and workers working with HHs are particularly important in identifying orphans including child headed households; skip generation households, and other extended family care.

I.19. Integrated & Coordinated Approach within the HIV Continuum of Response:

Programs for vulnerable households infected or affected by HIV/AIDS rarely have the technical expertise and resources required to address the full range of needs that household. Coordination can ensure that children and families receive comprehensive and holistic care. Programs that integrate and link interventions at all geographic levels to provide a comprehensive holistic approach are encouraged. For example, community based programs are better situated to improve access to health and education services, for socially marginalized households, than to deliver them directly. Programs can play an important role in the community aspects of health care by educating children and families about positive health behaviors (including HIV testing and TB screening), proper nutrition and hygiene; and by identifying and referring children and families to clinics when appropriate. Programs are encouraged to build linkages and partnerships to health and education services and other key services, rather than attempt to duplicate them.

This activity should liaise and work closely in partnership with the MGCAS, the National AIDS Council (CNCS - Conselho Nacional de Combate ao SIDA), existing indigenous NGO networks, USG and non-USG supported HIV activities, and other health facility and community-based partners in the implementation to ensure HIV prevention, care, and treatment activities are harmonized and complementary.

OVC programs have a role in monitoring health outcomes, building health and nutrition knowledge and skills in caregivers, and facilitating access to key health services including HIV testing, care and treatment services to help vulnerable children, especially girls, stay HIV-free. Therefore, strategies and proposed interventions should exhibit coordination and strategic linkages to PEPFAR’s HIV clinical activities to promote a true continuum of care across community and clinical services for vulnerable children.

Approaches should seek to:

- Promote coordination and referrals among community and clinical partners, encouraging partners to provide services according to their strategic advantage and/or areas of expertise
- Use tested and proven models, tools, and resources developed under previous activities.
- Coordinate programming with existing USG supported HIV clinical partners providing PMTCT, pediatric and adult care and treatment services in the same geographical region.
- Coordinate with other USG programs, such as ApaL, legal programs, SAFRA/FtF, poverty reduction and economic strengthening programs and other relevant programs where appropriate.
- Coordinate with UNICEF, the Global Fund, and Development Partners supporting Social Protection, and other donors and programs not funded by the USG.
- Access relevant GRM social services and resources, where appropriate.

I.20. Quality-Focused Approach:

Quality improvement (QI) approaches systematically monitor and evaluate overall care/services to ensure that program standards are being met, are regularly updated to reflect current knowledge and that gaps between expectations and actual results/outcomes are routinely identified and addressed.

Approaches should seek to:

- Make use of national frameworks, standards, guidelines and training curricula, where appropriate
- Use organizational and technical capacity assessment tools that base results on standards for the different organizational areas
- Develop capacity building interventions to obtain the standards to be achieved
- Develop an organizational and project quality improvement plan and committees

I.21. Evidence-Based and Cost Effective Approaches:

Interventions that have been proven effective through outcome evaluations and research are likely to be effective in mitigating the effects of HIV and AIDS on vulnerable children and their families and people living with HIV/AIDS. Because of the large number of individuals and households in Mozambique are affected by HIV/AIDS, it is important to maximize the impact of resources by targeting effective interventions on the most vulnerable households. In order to use funds efficiently and effectively it is increasingly important to use approaches that are not only evidence based but also the most cost-effective. (The PEPFAR guidance for OVC Programming 2012 outlines in general terms strategic, evidence-based interventions that PEPFAR OVC programs can consider implementing based on assessed context and need.)

Approaches should seek to:

- Use existing research and analyze the cost effectiveness of strategies
- Use data from relevant Mozambique assessments, surveys, studies, Demographic Health Surveys (DHS) data, HIV prevalence and incidence rates, and other population-based surveys from appropriate sectors (e.g. agriculture, poverty reduction, education) to guide targeting and intervention planning to establish priorities and targets for programs focused on vulnerable households and children infected and affected by HIV/AIDS
- Utilize Geographic Information Systems (GIS) service mapping to make decisions regarding the location and types of services for program beneficiaries
- Build the evidence base for programming for households and children infected and affected by HIV/AIDS by documenting innovative program models and identifying lessons learned and challenges

I.22. Gender-Sensitive Approach:

Traditional, cultural and social gender norms and behaviors can contribute to public health problems such as domestic and sexual violence and increasing rates of STIs including HIV/AIDS. The GHI guidance provides assistance for USG implementers to ensure a focus on issues such as equitable access, empowerment and inclusion of women and girls, and engagement of men and boys. Implementing a women, girls and gender equality approach is critical to this activity. To promote gender equality and mitigate structural and other gender inequalities it is critical that this activity addresses gender into all planned activities.

Approaches should seek to:

Mainstream gender sensitive approaches into all programs.

Address five cross-cutting gender strategic areas:

- Increasing gender equity in activities and services for vulnerable children and households affected by HIV/AIDS
- Reducing violence and coercion
- Addressing male norms and behaviors
- Increasing women's and vulnerable children's legal protection
- Increasing women's and vulnerable girl's access to income and productive resources

I.23. Site Improvement through Monitoring System (SIMS):

Site Improvement through Monitoring System (SIMS) is a system to improve the quality of programming. In addition, it allows for greater accountability among PEPFAR stakeholders to ensure USG investments are maximized, and also address issues related to coverage. The goal of SIMS is to increase the impact of PEPFAR programs on the HIV epidemic through standardized monitoring of quality at the site level, focusing on key program area elements.

Through SIMS, PEPFAR will work to ensure that the people served receive the right service, at the right time, in the right setting. SIMS provides a greater understanding of PEPFAR programs at the service delivery point, within a pre-determined geographical area, to promote compliance with standards, and facilitate program improvement.

The primary objectives of SIMS are to:

a. Monitor site capacity to provide high-quality HIV/AIDS services in all program areas
b. Facilitate use of this site level data and quality proxies to improve services
c. Provide foundational data for regional, national, and global programmatic decision making

The secondary objectives of SIMS are to:

a. Demonstrate PEPFAR and its implementing agencies' accountability for funded activities
b. Emphasize in-country technical staff role in accountability, monitoring, and improvement
c. Improve capacity building by:

- Providing site level guidance to assess the content of services through standards-based monitoring
- Recognizing sites' successes to improve morale and accountability of staff

A site visit is an assessment of services provided at a facility or service-delivery point of care or program intervention. The assessment uses a tool of core essential elements (CEEs) to assess all PEPFAR-funded program areas of a site. The service delivery site visit consists of discussions with key facility and implementing partner staff, a facility walk-through, and chart review (if applicable). Requirements and methods for site selection will be further delineated and outlined once this activity is awarded. This activity should expect site visits from USG staff on a regular basis to complete the SIMS assessment.

PEPFAR's quality vision is to help all individuals consistently receive the right service, at the right time, in the right setting. SIMS fits in with this by facilitating collection of more complete and timely data, providing a method that better accounts for PEPFAR's contributions, and establishing a common set of indicators and minimum standards to measure the results of program monitoring and evaluations systems and quality improvement efforts.

I.24. Accountability and Oversight - Expenditure Analysis:

One of the key priorities for PEPFAR and USAID is ensuring accountability of USG resources. In 2009, PEPFAR began to pilot the Expenditure Analysis Initiative, tracking expenditures for PEPFAR programs to provide rigorous financial monitoring. This analysis provides detailed annual data on expenditures by program area, cost category, and region. Better access to updated economic and financial data and indicators allows PEPFAR programmers and national governments to make rapid course corrections if needed to improve planning and effectiveness, and maximize efficiency in the use of resources.

In PEPFAR 3.0, the Efficiency Action Agenda's goal is to increase transparency, oversight and accountability across PEPFAR and its interagency partners to ensure every taxpayer dollar is optimally invested and tracked. This activity will be expected to implement cost-effectiveness measures throughout the life of the activity. Per the PEPFAR Expenditure Analysis system, this activity will be expected to track expenditures closely and ascribe them to key programmatic areas; thus, it will be important to incorporate this structure in the set-up of financial systems. It is essential to develop systems to accurately track expenditures at all levels by province, district, health facility, and community as well as by area of activity.

I.25. Child Safeguarding:

Because the activities to be funded under this NFO involve direct contact with children and, therefore, could raise the potential of child abuse, the applicant must describe how appropriate measures to prevent, mitigate, and respond to child abuse by project personnel will be addressed.

I.26. Sustainable Approach:

Programs that demonstrate concrete sustainability plans with a high degree of probability for continuation of interventions beyond that period of performance of this NFO and that leverage other resources particularly from businesses or the private sector are encouraged.

All applicants must describe their plans for sustainability of their projects. Sustainability includes the development of technical competence, human capacity, management systems, infrastructure, relationships with government programs and financial independence.

In situations where after exhausting all reasonable efforts to sustain a program intervention or it is not warranted or feasible to do so, it is expected that funded applicants will develop and implement an exit plan that would successfully mitigate any adverse consequences on the targeted children and the families in the targeted communities. Applicants are expected to develop and implement a sustainability plan to be reviewed on an annual basis.

Approaches should seek to:

- Build local ownership of activities to support vulnerable households infected or affected by HIV/AIDS
- Strengthening local actors and relationships and building local capacity are more likely to have sustained results. Investments in local actors, organizations, agencies, or sectors are critical in obtaining a sustainable approach.
- Outline a comprehensive Beneficiary Graduation and Exit Strategy and transition plan, clearly articulating how the project will seek to enhance sustainability of support services throughout the life of the project.
- Prioritizing interventions, appropriate to the Mozambique context rather than costly and highly technical strategies which are more likely to ensure continuity of care well beyond the life of a project.

I.27. Public Private Partnerships (PPPS):

Public-Private Partnerships (PPPs) are collaborative endeavors that combine resources from the public sector with resources from the private sector to accomplish development goals. Private sector stakeholders include corporations, foundations, business and trade associations, and private health sector service delivery providers. PPPs enable the USG and private sector entities to maximize their efforts through jointly defined objectives, program design and implementation, and the sharing of resources, skills, risks and results.

The three hallmarks of PPPs are:

- Help ensure sustainability of programs;
- Facilitate scale-up of interventions;

- Leverage significant private-sector resources.

I.28. Reference Documents and Helpful Resources:

USAID Mozambique Country Development Cooperation Strategy
http://www.usaid.gov/sites/default/files/documents/1860/Mozambique%20CDCS%202014-2018%20FINAL%20PUBLIC%20VERSION.pdf

PEPFAR Guidance for Orphans and Vulnerable Children Programming
http://www.pepfar.gov/documents/organization/195702.pdf

PEPFAR Prevention Guidance
http://www.pepfar.gov/guidance/171094.htm

PEPFAR Monitoring, Evaluation and Reporting (MER) Guidance
http://www.pepfar.gov/documents/organization/217767.pdf

PEPFAR Guidance on Integrating PMTCT, Maternal, Neonatal, and Child Health and Pediatric HIV Services
http://www.pepfar.gov/guidance/pmtct/158785.htm

USAID Youth in Development Policy
http://www.usaid.gov/sites/default/files/documents/1870/Youth_in_Development_Policy.pdf

Mozambique's National Plan of Action for Children
http://www.rosc.org.mz/index.php/documentos/repositorio-de-documentos

{END OF SECTION I}

SECTION II: AWARD INFORMATION

II.1. Number and Type of Awards:

USAID expects to award one Cooperative Agreement under this Funding Opportunity. The Government may issue one or more awards resulting from this funding opportunity to the responsible applicant(s) whose application(s) are the most responsive to the objectives set forth under this NFO. The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.

II.2. Estimate of Funds Available:

Subject to the availability of funds, USAID intends to provide up to US$72,000,000 in total USAID funding for the life of the activity. Funding for accepted application(s) will be provided on an incremental basis subject to the availability of funds and successful performance. USAID reserves the right to change the funding amounts, cycle, and terms of the grant agreements as a result of availability of funding and U.S. Government requirements. Should such changes occur, grantees will be appropriately notified.

II.3. Period of Performance:

The anticipated Start Date for the award is December 2015. The entire period of performance anticipated herein is five (5) years as of the effective date of the award.

II.4. Substantial Involvement:

Consistent with ADS 303.3.11, USAID will remain substantially involved over the life of the Cooperative Agreement to assist the Recipient in achieving the expected outcomes and results of the Activity. On behalf of USAID, the AOR will be substantially involved in the following:

1. **Approval of the Recipient's Implementation Plans**. USAID will approve the Annual Work Plans and the Annual Budget.

2. **Approval of Specified Key Personnel.** USAID will approve the designation of Key Personnel positions and Key Personnel.

3. **Agency and Applicant Collaboration or Joint Participation.** There are specific elements in the Program Description for which USAID's technical knowledge would benefit the Recipient's successful accomplishment of stated program objectives. The following collaboration or joint participation of USAID and the Recipient on the program are authorized:

- Advisory Committee: USAID will involve in selection of advisory committee member, if the program will establish an advisory committee that provides advice to the Recipient. USAID may participate as a member of this committee as well.
- USAID shall approve the sub-award, transfer or contracting out of any work under the awards.
- USAID shall approve the Recipient's Monitoring and Evaluation Plans.
- USAID shall authorize specified kinds of direction or redirection because of interrelationships with other projects.

II.5. Title to Property:

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

II.6. Authorized Geographic Code:

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

II.7. Authority to Obligate the Government:

The Agreement Officer (AO) is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed agreement may be incurred before receipt of either a fully executed Agreement or a specific written authorization from the AO.

II.8. Order of Precedence:

In the event of any inconsistency between the sections comprising this New Funding Opportunity, it must be resolved by the following order of precedence:

- Section V- Application Review Information;
- Section IV - Application And Submission Information;
- Section I - Funding Opportunity Description;
- Cover Letter.

{END OF SECTION II}

SECTION III: ELIGIBILITY INFORMATION

III.1. New Partners:

In accordance with the Federal Grant and Cooperative Agreement Act, USAID encourages competition in the award of grants and cooperative agreements to identify and fund the programs that best achieve Agency objectives. USAID also encourages applications from potential new partners.

III.2. Eligibility Requirements:

All qualified U.S. and non-U.S. organizations (other than those from foreign policy restricted countries) are eligible to apply. Pursuant to 2 CFR 200.400(g), it is USAID policy not to award profit under assistance instruments such as cooperative agreements, and as such, for-profit organizations must waive profits and/or fees to be eligible to submit an application. For the purposes of this solicitation, NGOs include any incorporated entity, either non-profit or for-profit, other than a governmental organization.

III.3. Ceiling Level:

The proposed ceiling level of $72 million has been determined from (1) current activities and funding levels from PEPFAR sources serving Orphans and Vulnerable Children; (2) an Independent Government Cost Estimate to determine the amount of funding needed to obtain expected results and targets of this NFO, and (3) strategic planning in conjunction with the USG interagency PEPFAR team of planned OVC funding levels. Accordingly, funding is estimated at the following levels over the life of the project (five years):

The estimated overall USG funding ceiling for this Activity will be $72,000,000. The implementing partner will contribute $10.8 million dollars in cost share towards the activity per the NFO requirement of a minimum 15% cost share contribution. IHO expects to initiate this activity with approximately $12,000,000 in FY16 using COP15 funding, with the remaining funding secured in COP 16 through COP 19.

III.4. Cost Share Requirements:

USAID/Mozambique has determined that cost sharing on the part of a qualified cooperative agreement partner can be useful to maximize sustainability and the recipient benefits gained by this Activity. A minimum of 15% cost share is required.

III.5. Responsible Entity:

The successful Applicant will be responsible for ensuring achievement of the program objectives as described in SECTION I: FUNDING OPPORTUNITY DESCRIPTION. Applicants under consideration for an award may be subject to a pre-award assessment in accordance with 2 CFR 200.205.

{END OF SECTION III}

SECTION IV: APPLICATION AND SUBMISSION INFORMATION

IV.1. General Instructions:

1. Issuance of this New Funding Opportunity (NFO) does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for any costs incurred in the preparation or submission of an application.

2. The Government may make award on the basis of initial applications received, without discussions or negotiations. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint. The Government reserves the right (but is not under obligation to do so), however, to enter into discussions with one or more applicants in order to obtain clarifications, additional detail, or to suggest refinements in the program description, budget, or other aspects of an application.

3. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting agreement(s).

4. Please be advised that each applicant (unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 CFR §25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR §25.110(d)) is **required** to:

   i) be registered in SAM before submitting its application;
   ii) provide a valid DUNS number in its application; and
   iii) continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency. The Federal awarding agency may not make a Federal award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time the Federal awarding agency is ready to make a Federal award.

   The registration process may take many weeks to complete. Therefore, Applicants are encouraged to obtain them early to be eligible to apply for this Funding Opportunity.

   DUNS number: http://www.dnb.com/get-a-duns-number.html
   SAM registration: http://www.sam.gov

   Completion of an early registration does not constitute any commitment on the part of the U.S. Government to make an award.

5. Applicants must review, understand, and comply with all aspects of this Notice of Funding Opportunity. Failure to do so may be considered as being non-responsive

and may be evaluated accordingly.

6. The complete Notice of Funding Opportunity including all the attachments can be found and downloaded from http://www.grants.gov. Select "Find Grant Opportunities", then click on "Browse by Agency", and select "U.S. Agency for International Development" and search for this NFO. If there are problems in downloading the NFO, please contact Grants.gov Help Desk at 1-800-518-4726 or support@grants.gov for technical assistance.

   Potential applicants that cannot download the application materials electronically may request paper copies of the NFO by contacting:

   Antonieta Manhica
   Acquisition & Assistance Specialist
   Office of Acquisition & Assistance
   JAT Complex
   Bairro Central "C"
   Rua 1231, No. 41
   Maputo, Mozambique
   USAID/Mozambique
   E-mail: amanhica@usaid.gov

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

8. Proprietary Information: Applicants which 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 must:

   - Mark the title page with the following legend: "This application includes data that must not be disclosed outside the U.S. Government and must not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this Applicant as a result of - or in connection with – the submission of this data, the U.S. Government must have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in pages ___."; and,
   - Mark each sheet of data it wishes to restrict with the following legend: "Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

9. The application must include only one prime applicant, which may enter into sub-agreements or sub-contracts with partnering institutions. In this case, the Prime Applicant will be responsible for establishing and maintaining sub-agreement and/or contracting relationships with proposed partners. For the purposes of this Notice of Funding Opportunity, the term "applicant" is used to refer to the prime and any proposed partners.

10. All questions regarding this Notice of Funding Opportunity (NFO) should be submitted in writing (via e-mail) to Antonieta Manhica, Acquisition & Assistance Specialist, at amanhica@usaid.gov and Marianne Pinto-Teixeira, Supervisory Acquisition & Assistance Specialist, at mteixeira@usaid.gov not later than Deadline for Questions specified at the top of the Cover Letter of this NFO. This will provide USAID with sufficient time to address the questions and incorporate the answers to the questions as an Amendment to this solicitation. Any information given to a prospective Applicant concerning this NFO will be furnished promptly to all other prospective Applicants as an amendment to this NFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant. Amendments (if any) to this NFO will be posted on www.grants.gov.

    USAID anticipates that there will only be one (1) round of questions and answers throughout the Notice of Funding Opportunity process, therefore applicants should submit all questions by the Deadline for Questions specified in the Cover Letter of this NFO.

IV.2. Application Submission Procedures:

1. Applicants are requested to submit separate Technical and Cost Applications. The Technical Application and Cost Application must be kept separate from each other (presented in separate binders or electronic files), and the Technical Application must not make any reference to the cost data in order for the technical review to be made strictly on the basis of technical merit.

2. All information (including both the Technical and Cost Applications) must be submitted in English. If the application is in any other language, it will be treated as nonresponsive and eliminated from further consideration.

3. Each Applicant must furnish the information required by this Notice of Funding Opportunity. The Applicant must sign the application and certifications and print or type its name on the Cover Page of the technical and cost applications. Applications signed by an agent must be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

4. Applications must be submitted electronically in two separate parts: (a) technical and (b) cost or business application to ovc.rfa@usaid.gov not later than the Applications Submission Deadline specified at the top of the Cover Letter of this NFO.

5. The application must be submitted via e-mail to the e-mail addresses specified above with up to three (3) attachments (2MB limit) per e-mail. Telegraphic or faxed application submission is not authorized for this Funding Opportunity and will not be accepted.

6. Preferred software for electronic submissions: Microsoft Word (for narrative text) or Excel (for tables). PDF files are acceptable. The Applicant is required to submit its budget breakdown in Excel Spreadsheet format. The Excel sheets should not be password protected or locked. Formulae must be visible/accessible.

7. After sending applications electronically, applicants must immediately check their own e-mail to confirm that the attachments that they intended to send were indeed sent. If they discover an error in the transmission, they need to send the material again and note in the subject line of the e-mail that it is a "corrected" submission. Applicants should not wait for USAID to advise them that certain documents intended to be sent were not received, or that certain documents contained errors in formatting, missing sections, etc. Each Applicant is responsible for its submission.

8. Please do not send the same email to us more than one time unless there has been a change, and if so, please note that it is a corrected email. If multiple copies of the same e-mail are sent, it will be difficult for USAID to know if there has been any change from one e-mail to the next. Furthermore, the Applicant should appoint one person to send in the e-mail submissions to minimize confusion.

9. If you send your application by multiple emails, please indicate in the subject line of the e-mail whether the email relates to the Technical Application or Cost Application, and the desired sequence of multiple e-mails (e.g. “Technical Application/E-mail 1 of 3) and of attachments (e.g. "Cost.Application.Attachment.1.of.4").

10. To ensure receipt by USAID, the Applicant should make sure that e-mail attachments are not greater than 2 MB in size. For cases that exceed this size limit, the Applicant is advised to reduce the document size (MB) and submit its application in multiple e-mails.

11. Applications submitted in hard copy will be accepted if submission in electronic copy is not practicable. Such submissions (whether by hand delivery or international courier/commercial carrier) must be addressed to the Acquisition & Assistance Specialist at the following address:

Antonieta Manhica
Acquisition & Assistance Specialist
Office of Acquisition & Assistance
JAT Complex
Bairro Central “C”
Rua 1231, No. 41

Maputo, Mozambique
USAID/Mozambique
E-mail: amanhica@usaid.gov

The hard copies of the applications (and any modifications thereof) shall be submitted in sealed envelopes or packages. The NFO number (RFA-656-15-000006) must be written on all envelopes or packages. The Applicant should submit one original and two copies of the Technical Application and one original and two copies of the Cost Application. A CD ROM of both the Technical Application and the Cost Application should also be submitted in their respective envelopes/packages. The envelope/package must be labeled "Technical Application" or "Cost Application", and must list the name and address of the sender/Applicant.

Note that such submissions must be received by USAID by the Application Submission Deadline indicated at the top of the Cover Letter of the NFO. Delivery to the post office or air/hand courier representative does not constitute meeting the statutory requirement that applications are received on time at the designated office. For purposes of recording the official receipt of applications, the date/time stamp of USAID/Mozambique will govern.

12. Applicants should take into account the expected delivery time required by the application transmission method they choose.

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

14. Applicant must retain for their records copy of the e-mails and application and all enclosures which accompany the application.

15. All applications received by the Application Submission Deadline will receive a receipt confirmation e-mail from USAID, and will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format.

16. Late or Incomplete Submissions: Applications which are submitted late or incomplete may not be considered for award, unless the Agreement Officer determines it is in the Government's interest. If USAID decides to consider such applications, it will be in accordance with ADS 303.3.6.6.

IV.3. Technical Application Format:

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

The Technical Application narrative section **must not exceed 30 single-spaced typed pages in English** (12 font size Times New Roman Font, single spaced, typed in standard 8.5 x 11 paper size with one-inch margins both right and left and each page number consecutively).

Information submitted over 30 pages will not be evaluated. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the prescribed format and page limitations. Any other information submitted will not be provided to the Selection Committee and will not be reviewed. Letters of support are not requested and will not be provided to the Selection Committee.

The following will be counted as part of the page limitation:

- Title Page (not counted against page limit);
- Cover Page (not counted against page limit);
- Table of Contents (not counted against page limit);
- Executive Summary;
- Technical Approach;
- Management Approach; and
- Institutional Capacity and Past Performance.

Annexes: Promotional literature and materials regarding the applicant must not be submitted as part of the annexes. The following items are not subject to the page limitation and will not be counted (a page in the technical application, which contains a table, chart, graph, etc., not otherwise excluded below, is subject to the "page" limitation):

- Resumes/Curriculum Vitaes for Key Personnel and long-term professional staff, proposed position descriptions and signed letters of commitment from Key Personnel;
- Partner letters of commitment;
- Branding Strategy and Marking Plan (two pages summary is only required as part of the application package);
- Charts providing information on management structure, matrixes demonstrating staff skills, and organizational chart(s);
- Past Performance Short Forms; and
- Monitoring and Evaluation Plan.

All other items not listed as an annex are included in the above page limitation. Please number pages as "Page of Page" where a page number combined with a letter indicates a page that is exempt from the 30-page limitation.

Annexes can be numbered separately and should be numbered as "Annex 1: 1 of X, Annex 2: 2 of X", et cetera. Pages should be paginated at the bottom.

The Technical Application should confirm or propose modifications to the objectives, activities and indicators described under Section I of this Funding Opportunity. It should also contain a description of key strategies, activities and approaches, as well as the synergies among them that the proposed partner will pursue in order to accomplish the desired results described in this Activity Description, as well as the rationale for selecting them. Gender and youth issues should also be addressed. Interested applicants must provide a detailed technical application and demonstrate how it will achieve the overall goal, program objectives and results as previously described.

The Technical Application will be the most important part of consideration in selection for award of the proposed activity. It must take into account and be arranged in the order of the technical review criteria found in Section V—for ease of reviewing by the Selection Committee (SC):

Title Page: The Applicant must include the following basic information in the title page: Proposed project title; NFO number; Name of organization(s) submitting the application; Address of organization(s) submitting the application; Point of contact (POC) at organization; and POC's title, telephone number, fax number and e-mail address.

Cover Page: Describe the names of the organizations/institutions involved in the proposed application. In the case of a group, please indicate the lead or primary applicant clearly; followed by any proposed sub-grantees and/or contractors (hereafter referred to as "subs"), including a brief narrative describing the unique capacities/skills being brought to the program by each institutions. A summary table should be included that lists the Prime Applicant and all partner organizations as well as the percentage of overall program activities that each partner will contribute. The Cover Page must be signed by the organization's official with authority to negotiate/sign on such an application with USAID.

Table of Contents: The Table of Contents should list all parts of the technical application, with page numbers and attachments.

Executive Summary: A two page, brief description of proposed activities, goals, and anticipated results (both quantitative and qualitative). Briefly describe technical and managerial resources of your organization. Describe how the overall program will be managed. State the bottom line funding request from USAID and the bottom line funding secured from other sources (state sources and amounts) for the proposed Activity. The Executive Summary shall summarize the key elements of the applicant's technical application.

Program Description: The Technical Application Narrative as revised during negotiations, will become the Program Description of any resulting Cooperative Agreement. It must include a clear description of the conceptual approach and the general strategy (i.e. methodology and techniques) being proposed. It must outline specific, focused activities; identify how and where (e.g. geographic locations and level: local, national, etc.) those activities will be implemented; explain how the approach is expected to achieve the proposed objectives; and describe a plan that will enable the activities to continue after the Activity has been completed.

Technical Approach: The technical approach must address the following five areas as described below. Use clear logic to describe the links between the context analysis, program hypothesis, the objectives, methods and anticipated results.

- The Applicant must describe its understanding of the context for achieving the project goal, objective and indicators. The information and material presented must include relevant background information and analysis of the problem, demand for a solution, and opportunity or challenge relevant to implementing the project and attaining the results. The Applicant must demonstrate familiarity with national systems, programs, policies and guidelines, and show how their program fits within these.

- The Applicant must detail its proposed approach, interventions and the anticipated results that can be expected from each. While anticipated results are included in the NFO Program Description, Applicants must tailor or add to those results based on their specific approach and interventions proposed. This must include the intended impact on the problem, opportunity, challenge, and demand, as well as how the Applicant proposes to build upon existing capacities and address the gaps in OVC programming, health and social services. The Applicant must clearly demonstrate the relevance of the proposed approach to the Mozambique context and provide a judicious mix of proven and creative local, low-cost, and innovative approaches, interventions or business models to achieve the proposed goal, objective and expected results. The Applicant must include a timeline for its approach and interventions throughout the life of the project, with significant detail in the first year of the effort.

- The Applicant must describe the risks associated with the proposed methods that are likely to affect the project outcomes. The Applicant must include factors that are both within and outside of the Applicant's control, and strategies the Applicant will utilize to mitigate or reduce risk and ensure the proposed results are achieved.

- Applicant should demonstrate that they have researched other USG, GOM and donor activities in the region on which they are bidding, and suggest solutions to ensure continuity of service and meet known gaps. The Applicant must articulate which key public and private sector stakeholders it intends to coordinate and engage with to advance the project's goal and objective, to amplify the funding and/or contributions and to achieve scale that would not be possible only through USAID funds. The Applicant must also explain why those stakeholders are vital to the approach. The Applicant must identify its existing relationship or work history with those organizations. Applicants must describe how they will coordinate and engage with the stakeholders, especially USG clinical partners and PEPFAR initiatives, to ensure ownership, maximize synergy and resources, minimize overlap, and achieve the project's goal and objective.

- In light of USAID's guidance in ADS 205 and the USAID Gender Equality and Female Empowerment Policy, the Applicant must describe how the project will address gender inequalities, and promote female empowerment. In carrying out this project and its various interventions, the successful Applicant must also take into consideration social inclusion issues, both in its operations and in its outcomes, to achieve the project goals and to encourage high participation by disadvantaged groups. Specific details must be provided as to how members of disadvantaged groups will be targeted and benefit from and actively participate in project activities.

Management Approach: The project management approach and implementation plan must address the following:

- The Applicant must include an organizational chart and specify the composition and organizational context of the entire project team (including corporate office support and any sub-recipients/partners). Through the chart and accompanying narrative, the Applicant must specify clear lines of supervision, accountability, decision making and responsibility among staff. The Applicant must explain the management structure presented in the organizational chart with relationships among the individual positions described; logistical support; personnel management of staff; procurement arrangements for goods and services; and lines of authority and communications between organizations and staff. Applicants must also discuss proposed technical, managerial and other personnel as deemed appropriate to implement the tasks described in the NFO. Such staff should have played important technical and country-level support roles in the past.

- If sub-recipients are proposed, Applicants must describe how the partnership will be organized and managed to use the complementary capabilities of proposed partners most effectively, and to minimize duplication of corporate office management structures and maximize resources committed to direct project activities. Efficient and effective technical and managerial project oversight is of particular interest to

USAID. The Applicant must specify the responsibilities of all proposed organizations and the rationale for their selection, and proposed reporting relationships between the Applicant and each of these organizations. Letters of commitment must be included in Annex.

- The Applicant must also describe its day-to-day processes and tools it will use to ensure effective management of the project.

- The Applicant must include a complete staffing plan for all activities. It is not necessary to name specific candidates for non-Key Personnel positions in the staffing plan. The Applicant must provide the name of the position, location of the position, the number of personnel per the position, organization of the position (Applicant or sub-recipient), individual staff level of effort per year and their roles and responsibilities.

- Quality of Key Personnel: Applicants are requested to develop a comprehensive staffing plan that will enable achievement of results and that demonstrates an appropriate balance of skills, accountability, and efficiency, including levels of effort and brief position descriptions. The staffing pattern will include a critical number of highly experienced technical and managerial staff sufficient to manage activities under this award. It is critical for applicants to show how the following qualifications are met by the staff proposed, taken as a whole, and how the staffing pattern is conducive to achieving results. The key qualifications for the proposed staff include skills and experience in:
    - Management and administration of USG assistance instruments such as grants and cooperative agreements;
    - Technical knowledge in a range of HIV/AIDS mitigation and child protection interventions/approaches for orphans and vulnerable children in Africa.
    - Partnerships with governments, donors and local organizations;
    - Monitoring and evaluation and research methods for measuring program impact;
    - Ability to interact professionally in both English and Portuguese;
    - Ability to address gender throughout the project cycle; and
    - Excellent teamwork, interpersonal and cross-cultural skills.

  Five key personnel should be proposed with their names, positions, and a brief description of relevant education, skills, and experience to achieve the results of this activity. Illustrative five (5) key personnel are: Chief of Party (COP)/Director; Deputy COP/Deputy Project Director; Finance and Operations Director; Monitoring and Evaluation

Specialist and Capacity Development Advisor. Applicants will identify these 5 key personnel by name and position. Each will be one full-time equivalent. Below are illustrative job descriptions and qualifications for each of the key personnel positions.

Chief of Party/Project Director (PD) (100 percent LOE)
The PD is responsible and has authority and oversight for the entire program. The PD provides managerial and technical support throughout the implementation of the project, including management of sub-partners. The PD is responsible for providing input to USAID Mozambique for the development and submission of the Health Operational Plans and PEPFAR Country Operating Plan (COP) technical and budget documents.

Annual Program Reports (APR) and Semi-Annual Program Reports (S/APR), in collaboration with the M&E Specialist, and develops requests for supplemental funding. S/he will have main responsibility for representation of the project to the United States Government (USG). The PD bears ultimate responsibility for ensuring that grantees and sub-grantees meet USAID, Health, PEPFAR and program requirements.

Required Qualifications:

- A Master's degree in public health, social sciences, or related degree, and at least 7 years of senior-level management experience in managing large and complex projects; or a Bachelor's degree in public health, social sciences, or related degree, and at least 10 years of senior-level management experience in managing large, complex OVC or HIV/AIDS care and support projects; At least 7 years of supervision experience; At least 8 years of experience living or working in a developing country;
- Demonstrated strong leadership, communications, and interpersonal skills;
- Demonstrated experience working with host country government; and
- Fluency in English and at least one Romance Language—Portuguese, Spanish, French, etc.

Preferred Qualifications:

- Strong skills and experience in all aspects of program cycle management – design and development, implementation, and monitoring and evaluation;
- Proven coaching, facilitation, and communication skills;
- Outstanding English-language skills, both spoken and written;
- Excellent knowledge of U.S. Government approaches and regulations;
- An excellent team player with good skills in team work and consultative approach to decision making;
- Understanding of U.S. government development assistance mission, values, and principles;

- Minimum of seven years of Chief of Party (COP), or equivalent, experience in Child Protection, OVC or HIV Care and Support Programs, preferably in Africa;
- Ability to navigate politically sensitive terrain and maintain constructive relationships with a diverse set of key stakeholders; and
- Minimum of seven years management experience on large, complex, and multifaceted donor-funded projects.

Deputy Chief of Party/Deputy Project Director (DPD) (100 percent LOE)
The DPD is responsible for overseeing all programming, including ensuring the technical quality of services. The DPD works with sub-partners to decide on targets, oversees the development and execution of community action plans, monitors the implementation of the work plans, works with the PD to facilitate operational capacity building initiatives, directly facilitates technical capacity building, and supports coordination with local government and other key partners. The DPD directs and supervises senior program staff and consultants.

Required Qualifications:
- A Bachelor's degree in public health, social sciences, or other related degree;
- At least 5 years of experience managing large and complex OVC or Community based HIV/AIDS care and support projects;
- At least 3 years of supervision experience;
- Experience working with CSO's in advocacy training and institutional capacity building;
- Demonstrated ability to ensure gender integration in project design, implementation and M&E

Preferred Qualifications:
- Demonstrated experience planning, designing, implementing, monitoring, and evaluating projects; and
- Demonstrated strong managerial, communications and interpersonal skills.
- Excellent knowledge of U.S. Government approaches and regulations;
- An excellent team player with good skills in team work and consultative approach to decision making;
- Outstanding English and Portuguese language skills, both spoken and written

Finance and Operations Director (FOD) (100 percent LOE)
The FOD is responsible for overseeing project finances and other operational and administrative duties. The FOD will supervise all grant and contract management and reporting on contract and grant performance as well as provide financial and technical management to ensure best use of resources by preparing sound budgets, monitoring project expenses, and ensuring timely preparation of USAID financial reports.

Required Qualifications:
- A Master's degree or higher in Business Administration, Finance, Accounting, or relevant field, and at least 8 years of demonstrated experience

in administrative and financial management of large-scale, complex, international development assistance programs; **OR**

- A Bachelor's degree in Business Administration, Finance, Accounting, or related field or a professional qualification in accountancy, with at least 10 years' experience in administrative and financial management of large-scale, complex, international development assistance programs; and
- In-depth knowledge of U.S. Government financial management rules and regulations.

Preferred Qualifications:

- Strong financial and operational management experience with proven management skills;
- Strong interpersonal and team-building skills with significant experience building strong host country national team;
- Extensive experience in developing and managing a donor funded grants program; and
- Proven ability to work with a wide range of local organizations and people.

Monitoring and Evaluation Specialist (M&ES) (100 percent LOE)

The M&ES is responsible for all monitoring, evaluation and reporting activities under the award. The M&ES leads the development of and manages the Monitoring and Evaluation Plan (M&E Plan). The M&ES develops and maintains systems to collect and analyze information on inputs, outputs, outcomes and impact of the program. She/he conducts supportive supervisory visits to sub-grantees to observe, monitor, guide, and provide feedback on the use of data and indicators; analyze monthly data, and support training of M&E personnel in quality assurance methods.

Required Qualifications:

- Master's degree in a public health field, social science, economics, or relevant discipline. Significant study in fields relevant to OVC/HIV care and support project, international development and/or program monitoring and evaluation;
- Strong background or formal training in evaluating international development programs such as but not limited to, Social Protection, OVC, Family Planning and Reproductive Health and HIV/AIDS;
- At least 5 years of experience related to monitoring, evaluating and reporting on programs related to OVC, HIV Care and Support or international development in developing countries;
- Demonstrated statistical analysis skills and use of relevant software; and
- Fluency in English and Portuguese.

Preferred Qualifications

- Experience in design and implementation of M&E systems in the OVC and HIV/AIDS programs in Africa; and

- Demonstrated knowledge of host country management information systems. Proven leadership to support the strengthening of the M&E systems within a host country's Ministry of Gender, Children and Social Action, Ministry of Health and other International Organizations to improve the availability and use of data for decision making.

Capacity Development Advisor (CDA) (100 percent LOE)

The CDA will lead the project's internal capacity building and quality improvement efforts. The CDA will oversee the technical and organizational capacity development of the prime organization and the sub-partners. The CDA's responsibility is to tailor capacity building plans that may include human resources management, financial management, reporting, resource mobilization, sub-grant management, governance, reporting, monitoring and evaluation.

Required Qualifications:

- A Bachelor's degree in social sciences, business administration, or a related field;
- A minimum of 5 years of experience in capacity building, which includes at least 3 years of experience in capacity development aspects;
- Experience in assessing technical capacity of organizations, developing customized capacity building plans, and providing individualized training, mentoring and on-site support in various technical areas of need; and
- Fluency in English and at least one Romance Language—Portuguese, Spanish, French, etc.

Preferred Qualifications:

- Solid experience in the management of people and systems in high-pressure environments;
- Experience in working with the U.S. Government in the developing country context; and
- Demonstrated experience working with local governments, multi-donor agencies and or developmental partners.

Applicants should explain how the key personnel positions, as well as other proposed positions, provide the complete set of skills listed above. The staffing level and pattern may be increased or modified over time if needed to provide effective support to field programs as they evolve, rather than from the onset.

In an annex to the technical application, Applicants must provide resumes and proposed position descriptions for the candidates proposed for all key personnel and long-term professional positions. The resumes should indicate the names of the proposed personnel, and demonstrate that the proposed key personnel and long-term professional staff possess the skills and knowledge to effectively carry out their proposed responsibilities.

Resumes must be no more than three (3) pages in length for each proposed individual and must be presented in chronological order starting with most recent experience. For Key Personnel, each resume must be accompanied by a SIGNED letter of commitment from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost application. References may be checked for all proposed key personnel and long-term personnel. Applicants must provide current contact information, phone and email address for at least three (3) references for each proposed Key Personnel.

Institutional Capacity and Past Performance: Institutional capacity and past performance must include the following:

- Applicants should demonstrate their clear capacity and experience to accomplish the range of technical interventions described in the technical approach. Applicants should describe success in implementing and managing outputs and activities similar to those described in the program description, and which achieved significant results. Applicants should also describe their institutional capacity—their ability to gather the resources and expertise necessary to implement their application, and to be able to sustain their efforts for the duration of the Agreement.

- The capabilities of the applicant should be spelled out clearly. Information should include the pertinent work experience and representative accomplishments of the firm/institution in developing and conducting activities of the type required under this award. The application must have supporting verifiable, objective evidence of successful program implementation (e.g. listing of client organizations and previous employers for whom similar or relevant services were provided with names, addresses and contact information). Relevant documents and reports representative of past work related to this award should be submitted as annexes to the technical proposal.

- Applicants should also describe their responsiveness to past clients regarding ability to adapt to the circumstances of different settings and host county priorities.

- The Applicant should submit past performance information which demonstrates its record in conforming to award requirements and to standards of good workmanship; its record of forecasting and controlling costs; applicant's adherence to award schedules, including administrative aspects of performance; the applicant's history of reasonable and cooperative behavior and commitment to customer satisfaction, and its demonstrated professional concern for the interest of the customer; and the competency of the applicant's key personnel who worked on the award.

- Note that past performance information will be used for both risk assessment and greatest value decision by USAID. Also note that USAID may use past performance information obtained from other than the sources identified by the Applicant.

IV.4. Cost Application Format:

The Cost or Business Application must be submitted separately from the Technical Application and must be denominated/presented in U.S. dollars. Certain documents are required to be submitted by a successful Applicant in order for the Agreement Officer to make a determination of responsibility. The following sections describe the documentation that Applicants for Assistance awards must submit to USAID prior to award. While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

<u>The Cost Application must include:</u>
- Summary Statement of Cost Application;
- Required forms SF-424;
- Pre-award certifications, Assurances and Other Statements of the Recipient;
- Detailed Budget (Excel Format);
- Budget Narrative;
- Cost Share Narrative; and
- Annexes:
    - DUNS Number and SAM;
    - Evidence of Responsibility;
    - Branding Strategy and Marking Plan Summary (2 pages limit).
    - Documents to support History of Performance (as necessary); and
    - Copy of Accounting Manual (as necessary).

Summary Statement of Cost Application: The Summary Statement of Cost application should include the funding requested from USAID and the funding secured from other sources (cost share, see Section III), stating sources and amounts for the proposed program.

Required Forms: The Cost/Business application must be submitted using SF-424 and SF-424A "Application for Federal Assistance" as described below.

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

These documents can be found at http://www.grants.gov/web/grants/forms/sf-424-family.html#sortby=1.

Pre-Award Certifications, Assurances and Other Statements of the Recipient: In addition to the certifications that are included in the SF-424 (described above), all applicants must provide the following certifications, assurances and other statements with the application:

These documents can be found at
http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf:

- Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs (This assurance applies to Non-U.S. organizations, if any part of the program will be undertaken in the U.S.);
- Certification Regarding Lobbying (22 CFR 227);
- Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206, Prohibition of Assistance to Drug Traffickers);
- Certification Regarding Terrorist Financing; and
- Certification of Recipient.

Other certifications and statements found in ADS 303, Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provisions: These documents can be found at http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf.

- A signed copy of Key Individual Certification Narcotics Offenses and Drug Trafficking, (ADS 206.3.10) when applicable;
- 2. A signed copy of Participant Certification Narcotics Offenses and Drug Trafficking (ADS 206.3.10) when applicable;
- Other Statements of Recipients; and
- Conscience Clause Implementation (Assistance) (February 2012).

Note that a U.S Recipient providing sub-award to non-U.S. organization must use the Standard Provisions for a Non-U.S. Non-Governmental Organization. A non-U.S. Recipient providing an award to a U.S. organization must use the Standard Provisions for U.S. Non-Governmental Organizations. For sub-awards to Public International Organizations (PIOs), the Recipient must use the Standard Provisions for Cost-Type Awards to PIOs in ADS 308, Awards to Public International Organizations. For sub-awards to partner government entities, the Recipient must adhere to ADS 303.3.21.

Detailed Budget (Excel Format): In addition to the above mentioned documents, the applicant should submit an Excel budget with un-protected spread-sheet (attached to the Cost Application) that includes details line item information using formulae. The cost application should use the budget format shown in the SF-424A. Excel sheets must not be password protected.

Budget Narrative: Include a budget with an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing. Detailed budget narratives which explain the basis of estimate, such as market surveys, price quotations, current salaries, historical experience, etc. (cost realism and cost reasonableness) and supporting justification of all proposed budget line items must be included.

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

2. The breakdown of all costs according to each partner organization (or sub-Applicant) involved in the program.

3. The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.

4. The breakdown of the monetary and in-kind contributions of all organizations involved in implementing the expected Cooperative Agreement.

5. Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement.

6. The procurement plan for commodities.

7. Indicate the name, annual salary, and expected level of effort of each person charged to the Activity. Provide resumes showing work experience and annual salary history for at least the three most recent years for all identified and proposed long/short term key and non-key personnel. If not included in an indirect cost rate agreement negotiated with the U.S. Government, specify the applicable fringe benefit rates for each category of employees, and explain the benefits included in the rate. The same individual information for consultants must be provided as for regular personnel.

8. Travel, per diem and other transportation expenses must be detailed in your application to include number of international trips, expected itineraries, number of per diem days and per diem rates.

9. Specify all equipment to be purchased and the expected geographic source.

10. Financial Plans for all proposed sub-grants and subcontracts must have the same format and level of detail as those of the Applicant. Following the Applicant's detailed budget breakdown, detailed budget breakdowns for each sub-Applicants/(sub) contractor must be presented. Sub- Applicant/(sub) contractor budgets must not be intermingled. The first page must be a summary budget, following the same budget format and line items as are set forth above for the full term of the sub-agreement/subcontract. Detailed budget notes which explain how

the sub-awards proposed budget was reviewed and how a determination was made that it is fair and reasonable must be provided.

11. Indirect Costs: The applicant should support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency or with sufficient information for USAID to determine the reasonableness of the rates. (For example, a breakdown of labor bases and overhead pools, the method of determining the rate, etc.). A copy of the latest Negotiated Indirect Cost Rate Agreement (NICRA), if applicable and if your organization has such an agreement with the US. Government.

    a. Note: Local Institutions usually do not have a Negotiated Indirect Cost Rate Agreement (NICRA) letter with the US Government.

    b. If the applicant has never received a negotiated indirect cost rate, the recipient may choose to charge a de minimus rate of 10% of modified total direct costs (see 2 CFR 200.414(f)). If the prospective applicant chooses the de minimum rate, the AO must incorporate the 10% indirect cost rate in the award budget and the recipient must follow the requirements in 2 CFR 200.414(f).

    c. Applicants that do not have a NICRA, have the option of submitting the following information to for the AO to make a determination regarding an alternate rate:
        i. Copies of the Applicant's financial reports for the previous three-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
        ii. Projected budget, cash flow and organizational chart; and
        iii. A copy of the organization's accounting manual.

12. If there are any training costs to be charged to this Agreement, they must be clearly identified.

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

<u>Labor</u> - Direct salaries and wages for each year of the Agreement must be in accordance with the organization's established personnel policies, the applicable cost principles and the current salary history of proposed LT/ST employees. To be considered adequate, the policies must be in writing, applicable to all employees of the organization, be subject to review and approval at a high enough organizational level to assure its uniform enforcement, and result in costs which are reasonable and allowable in accordance with applicable cost principles. The narrative should include a level of effort analysis specifying personnel, rate of compensation, and amount of time proposed for key and non-key personnel. Anticipated salary increases during the period of the Agreement should be included.

Additional Requirements for Personnel Compensation:

a. Limitations

Salaries and wages must be reflective of the "market value" for each position. Salaries and wages may not exceed the Applicant's established policy and practice, including the Applicant's established pay scale for equivalent classifications of employees, which must be certified by the Applicant.

Base pay, or base salary, is defined as the employee's basic compensation (salary) for services rendered. Taxes which are a responsibility or liability of the employee are inclusive of, and not additive to, the base pay or salary. The base pay excludes benefit and allowances, bonuses, profit sharing arrangements, commission, consultant fees, extra or overtime payments, overseas differential or quarters, cost of living or dependent education allowances, etc.

This USAID-funded activity implemented under the anticipated Cooperative Agreement will be for an estimated period of performance of five (5) years; also referred to as the Award Period. Unless the Applicant demonstrates otherwise to the USAID Agreement Officer's satisfaction, Cooperating Country Nationals (CCNs) employed by the Applicant solely to work under the USAID-funded project under this Agreement are considered by USAID as employed by the Applicant for a specified period not to exceed the Agreement Period. This provision must be interpreted in accordance with applicable cost standards as described in the Standard Provisions for Allowable Costs (December 2014).

b. Annual Salary Increases

Annual salary increase and/or promotional increase may be granted in accordance with the Applicant's established policies. Salary increases may be granted after the employee's completion of each twelve months of satisfactory services under the USAID award.

Fringe Benefits - If accounted for as a separate item of cost, fringe benefits should be based on the Applicant's audited fringe benefit rate, supported by a Negotiated Indirect Cost Rate Agreement (NICRA) or historical cost data. If the latter is used, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g. health and life insurance, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries. Fringe Benefits for local staff should be accounted in accordance with Mozambique labor law.

Supplies and Equipment - Differentiate between expendable supplies and nonexpendable equipment (NOTE: Equipment is defined as tangible nonexpendable personal property including exempt property charged directly to the award having a useful life of more than one year and an acquisition cost of $5,000 or more per unit, unless the Applicant's established policy establishes nonexpendable equipment anticipated to be required to implement the Activity, specifying quantities and unit cost.)

Allowances, if any, must be broken down by specific type and by person and must be in accordance with the Applicant's established policies and consistent with the DSSR.

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

Other Direct Costs (ODC) - could include costs such as communications, office rental, utilities, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than the Applicant's normal coverage), other filed office operation costs, etc. The narrative, or supporting schedule, should provide a complete breakdown and support for each item of other direct costs.

Proposed (Sub) Contracts/Agreements - Applicants who intend to utilize subcontractors or sub Applicants should indicate the extent intended and a complete cost breakdown, as well as all the information required herein for the Applicant. Extensive (sub) contract/agreement financial plans should follow the same cost format as submitted by the Applicant.

Branding & Marking - USAID anticipates that reasonable budget is estimated in order to cover the branding and marking costs which are in accordance with the applicant's technical approach.

Environmental Compliance - For the purposes of this solicitation, Applicants should reflect illustrative costs for environmental compliance implementation and monitoring in their cost proposal.

Cost Share Narrative: The Applicant should present cost share and discuss it herein in detail. The section of the Cost Application should describe the composition of cost share (indicating the recommended amount that will be in cash and in-kind). In-kind contributions are allowable as cost share in accordance with the 2 CFR 200.306 for U.S. organizations and the Standard Provision, "Cost Share" for non-U.S. organizations. Cost share must be included as part of the progress report and financial reporting.

The Applicant is required to include cost share expressed as a dollar figure rather than a percentage to assist in monitoring the amount after award.

Applicants must be aware that all cash contributions and non-Federal third party in-kind contributions must meet all the criteria set forth in 2 CFR 200.306, ADS 303.3.10.1 and the Standard Provision Cost Share (June 2012). Applicant cost share may be in any combination of cash and in-kind support including, staff salaries, volunteer time; valuation of donated supplies, equipment, and other property; and use of unrecovered indirect costs. The Applicant it should ensure that these costs are not included as part of the Indirect Cost Rate to avoid duplication**.**

Cost share is defined by USAID as "contributions, both cash and in-kind, which are necessary and reasonable to achieve program objectives and which are verifiable from the Applicant's records." USAID requires applicants to demonstrate their commitment to the Activity's success by addressing the requirement for cost sharing. Cost sharing, will be evaluated for cost effectiveness and cost realism.

Annexes:

Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM): Applicants (unless the applicant is an individual or Federal awarding agency that is exempted from those requirements under 2 CFR §25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR §25.110(d)) are required to:

i) Be registered in SAM before submitting its application (proof of active SAM registration must be provided with the application);
ii) Provide a valid DUNS number in its application; and
iii) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

USAID may not make a Federal award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time USAID is ready to make an award, USAID may determine that the applicant.

To begin the registration process, please visit the following websites:

DUNS number: http://fedgov.dnb.com/webform
SAM registration: http://www.sam.gov

The registration process may take many weeks to complete. Therefore, Applicants are encouraged to obtain them early so that, if selected, the award will not be delayed. Completion of an early registration does not constitute any commitment on the part of the U.S. Government to make an award.

For information on how to obtain a DUNS Number see Attachment 2, or use the following link:
https://www.sam.gov/portal/SAM/#1

Evidence of Responsibility: Applicants should submit additional evidence of responsibility which deems necessary for the AO to make a determination of responsibility. The information submitted should substantiate that the Applicant:

i) Has adequate financial resources or the ability to obtain such resources as required during the performance of the award;
ii) Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant, nongovernmental and governmental;
iii) 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;
iv) Has a satisfactory record of integrity and business ethics; and,
v) Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g., EEO).

Branding Strategy and Marking Plan: It is a Federal statutory and regulatory requirement that all overseas programs, projects, activities, public communications, and commodities that USAID partially or fully funds under an assistance award or sub-award must be appropriately marked with the USAID identity. USAID requires the submission of a Branding Strategy and a Marking Plan by the "Apparently Successful Applicant".

The Apparently Successful Applicant's proposed Branding Strategy and Marking Plan may include a request for approval of one or more exceptions to the marking requirements. The AO reviews and approves the apparently successful applicant's Branding Strategy and Marking Plan (including any requests for exceptions), consistent with the provisions "Branding Strategy," "Marking Plan," contained in the Certifications, Assurances, Other Statement of the Recipient and Solicitation Standard Provisions, and "Marking and Public Communications Under USAID funded Assistance" contained in ADS 303, Standard Provisions for Non-U.S. Nongovernmental Organizations and ADS 320, Branding and Marking.

Although points will not be assessed for evaluation purposes, **applicants must briefly describe (not to exceed two pages)** how they will promote USAID identity, U.S. Government's support for this Activity and the Activity's achievements in Mozambique. A full Branding Strategy and a Marking Plan will be requested to the "Apparent Successful Applicant" only.

More information on Branding Strategy and Marking Plan are available at http://www.usaid.gov/branding/assistance.html.

{END OF SECTION IV}

SECTION V: APPLICATION REVIEW INFORMATION

V.1. Merit Review Criteria:

The technical applications received will be screened for completeness and a merit review conducted by a Selection Committee (SC) at USAID/Mozambique. Following the merit review of the applications, a letter will be sent to all applicants detailing the outcome of the review.

The SC will review applications based upon the merit review criteria set forth below which have been tailored to the requirements of this Notice of Funding Opportunity.

The Technical Application will be reviewed in accordance with the merit review criteria set forth below. An overall rating for the application will be determined using the adjectival rating and the relative weights of the merit review criteria. The following merit review criteria will be used to assess the applications and make an award decision.

The merit review criteria will be assigned ratings in accordance with the table below. Only the merit review criteria will be assigned ratings. Criteria ratings will be based on the evaluation of sub-criteria, which are of equal importance for each Criteria. Sub-criteria will not be assigned ratings.

Rating	Description
Exceptional	Provides exceptional technical and management approaches for this project beyond the expectation of the Selection Committee. Reflects an innovative approach and/or superior understanding of the requirement in a way beneficial to the Government. Strengths significantly outweigh any weaknesses that may exist. Any weaknesses are easily correctable, and do not represent any performance risk. Must not have any significant weaknesses or deficiencies.
Very Good	Meets and in many areas exceeds the requirements of the merit review criteria. Reflects a high quality of capabilities and/or understanding of the requirement. Strengths outweigh any weaknesses or deficiencies that may exist. Any weaknesses or deficiencies are easily correctable.
Satisfactory	Meets expectations of the criteria. Reflects sound approach and/or satisfactory understanding of the requirement. Strengths outweigh any weaknesses or deficiencies.
Marginal	Does not clearly meet technical expectations. Reflects an uncertain approach and/or incomplete understanding of the requirement. Weaknesses and deficiencies, correctable only with major revisions to the proposal, outweigh any strengths.
Unacceptable	Fails to meet specified minimum performance or capability requirements; the application has multiple weaknesses and one or

	more deficiencies. Applications with an unacceptable rating are not awardable.

After evaluation of applications, USAID expects to select the applicant which will receive the award to implement the activity. Once this choice is made, USAID may engage in discussions or negotiations with the selected applicant(s) regarding any matter to be covered in the final technical and cost application(s). However, USAID may also award without discussions with the selected applicant(s).

V.2. Technical Review Criteria:

The technical applications will be reviewed in accordance with the three (3) review criteria set forth below, which are listed in descending order of importance:

1. **Technical Approach:**

The Technical Approach Criteria will be assessed based on the following sub-criteria:

- The degree to which the Applicant demonstrates a thorough expertise and understanding of the context for achieving the project goal, objective and indicators. The extent to which the information and material presented include relevant background information and analysis of the problem, demand for a solution, and opportunity or challenge relevant to implementing the project and attaining the results.

- The extent to which the Applicant's proposed approach, interventions and anticipated results that can be expected from each are thorough, complete, feasible, and address the intended impact on the problem, opportunity, challenge, and demand. The degree to which the proposed approach is an appropriate mix of proven and creative local, low-cost, and innovative approaches, interventions or business models, and is likely to achieve the anticipated results in the Mozambique context. The extent to which the timeline of the approach and interventions is feasible and realistic.

- The extent to which the Applicant thoroughly identifies and describes the risks associated with the proposed methods that are likely to affect results, and proposes effective strategies to mitigate or reduce risk and ensure the proposed results are achieved.

- The extent to which the application demonstrates a realistic and effective approach for coordinating and engaging with key public and private sector stakeholders as well as other USAID and donor funded projects to ensure ownership, maximize synergy and resources, minimize overlap, and achieve the project's goal and objective.

- The extent to which gender inequalities and social inclusion issues are appropriately addressed both in the Applicant's operations and in its proposed approach and outcomes.

- The extent to which the M&E plan presents a logical theory of change (TOC) for the proposed technical approach, and details a feasible approach for how the Applicant will measure, evaluate, utilize, and share the data with the Government and other stakeholders.

2. Management Approach:

The Management Approach Criteria will be assessed based on the following sub-criteria:

- The degree to which the Applicant's organizational structure, partnerships, reporting lines, communication channels and management processes and tools present proven solutions that will ensure efficient and effective oversight. Sub-awardees, if proposed, serve specific purposes and bring specialized expertise or resources to the project.

- Overall extent to which the proposed positions support applicant's program and demonstrate the requisite expertise, experience and other capabilities necessary to effectively implement the proposed program. Clear and timely plans for general staffing and mobilization including recruitment of personnel.

- The extent to which individuals proposed for Key Personnel positions have the requisite management and technical expertise and experience to effectively fulfill the duties required of the positions. The extent that the Key Personnel are committed to the proposed project, and demonstrate a stable and successful employment history.

- The extent the application demonstrates that the number, mix and type of staff are appropriate for the approach and activities proposed by the Applicant—and the proposed staffing plan indicates a significant role for local staff in implementing the project.

3. Institutional Capacity and Past Performance:

The Institutional Capacity and Past Performance Criteria will be assessed based on the following sub-criteria:

- The degree to which the Applicant and any proposed partners demonstrate clear capacity and experience to accomplish the range of technical interventions of similar type (to proposed technical approach).

- The extent to which the Applicant exhibits a past record of customer satisfaction; timeliness of performance; adherence to agreed schedules and other time-sensitive project conditions; cost control and accuracy of financial forecasting; prompt and satisfactory correction of problems; cooperative attitude in resolving clients' problems; and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks.

V.3. Cost Application Evaluation:

Cost will be reviewed for general completeness, reasonableness, allowability and allocability.

Cost realism will be conducted: it is an assessment of the accuracy with which proposed costs represent the most probable cost of performance within the Applicant's technical and management approach. Cost realism review will be performed as part of the review process to (a) verify the Applicant's understanding of the requirements, (b) assess the degree to which the cost application reflects the approaches and/or risk assessments made in the technical application as well as the risk that the Applicant will provide the supplies or services for the offered cost; and (c) assess the degree to which the cost included in the cost application accurately represents the work effort included in the technical application.

V.4. Technical versus Cost Considerations:

All technical review factors—when combined—are significantly more important than cost. While cost may be a determining factor in the final award decision, the technical merit of the application is substantially more important under this solicitation.

V.5. Award Decision:

Award will be made to the responsible Applicant whose application is most advantageous to the Government, with cost and other factors considered. The final award decision is made, while considering the recommendations of the SC, by the AO.

{END OF SECTION V}

SECTION VI: AWARD AND ADMINISTRTION INFORMATION

VI.1. Federal Award Notices:

A notice of award signed by the Agreement Officer is the authorizing document for this NFO. The notice of award will be provided electronically to the applicant's point of contact listed in the application.

Notification will also be made electronically to unsuccessful applicants pursuant to ADS 303.3.7.1.b.

An award will be made only by the USAID Agreement Officer upon his/her signature to incur costs. He/she will only do so after making a positive responsibility determination that the Applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID.

Prior to issuance of award, some applicants may be required to submit additional information on the organization and key individuals for vetting. For example, for those organizations that have not had previous grants or cooperative agreements with the US Government, Articles of Incorporation or other documentation which substantiates the legal character of the entity will be requested. In such cases, issuance of an award is contingent on the timely receipt of the information requested and the successful completion of the vetting process.

VI.2. Standard Provisions and Deviations:

The award will be administered according to the applicable standard provisions: (i) for U.S. organizations, 2 CFR 200, 2 CFR 700 the Standard Provisions for U.S. Non-Governmental Recipients (http://www.usaid.gov/ads/policy/300/303maa) are applicable; and (ii) for Non-U.S. organizations, the Standard Provisions for Non-U.S. Non-Governmental Recipients (http://www.usaid.gov/ads/policy/300/303mab) are applicable.

VI.3. Reporting Requirements:

All required reports must be submitted to the USAID AOR by the due date for the AOR's approval. The Recipient will consult with the AOR on the format and expected content of reports prior to submission. The Recipient should always be ready for revision in program indicators and reporting requirements.

1. **Plans:**

   a. Monitoring and Evaluation (M&E) Plan: The proposed M&E Plan for the entire period of performance must be submitted within 60 days of the award. This plan shall identify preliminary indicators and targets which support and contribute to the OGAC/ PEPFAR Mozambique standard indicators. The M&E plan must demonstrate familiarity with OGAC indicators appropriate to the program areas and demonstrate how each task relates to indicators and targets.

b. First Year Work Plan: The First Year Work Plan must be submitted by the Recipient within 60 days of the award. The First Year Work Plan to be submitted will not necessarily be for a full year or may be for more than a full year, depending on the start date of the agreement; this will be defined at the time of award.

c. Environmental Mitigation and Monitoring Plan (EMMP): IFPP should address potential hazards to the environment pertaining to the implementation of the program. The Recipient is expected to submit a five-year EMMP within 60 days of the award and regularly report on the compliance status of the activity as per the approved EMMP.

2. Annual Work Plans:

Starting with the second year of the award and for each subsequent year of performance thereafter, the Recipient must submit Annual Work Plans within 30 calendar days after the end of the previous Fiscal Year according to a format agreed upon by USAID/Mozambique and the Recipient. The Annual Work Plans must include an exit strategy which describes in detail how activities supported under the project will transition to local organizations and/or leadership before the completion date of this award. The Annual Work Plans must be submitted to the AOR for approval. The Annual Work Plans will be developed in collaboration with USAID. Specific details on the format of the Annual Work Plans will be finalized at the time of award. Any updates to the EMPP or M&E Plan should be submitted with subsequent Annual Work Plans and approved by the AOR.

3. Progress Reports:

The Recipient must submit an updated report on progress toward agreed performance targets every three (3) months and annually, based on the M&E plan to be developed by the Recipient in collaboration with USAID. Quarterly and annual narrative reports ("Quarterly Reports" and "Annual Reports") are expected to be delivered to USAID/ Mozambique within 30 calendar days after the end of the quarter and 45 calendar days after the end of the Fiscal Year respectively. Each report should include information on activities completed during the preceding period in all regions as well as any support provided at the national level. Each report must also include the following:

- Progress achieved towards benchmarks, tangible results and explanation of quantifiable output of the programs or projects, if appropriate and applicable;

- Reasons why established targets were not met;
- Analysis and explanation of cost overruns or high unit costs (recipients must immediately notify USAID of developments that have a significant impact on award-supported activities);
- Documentation of best practices that can be taken to scale; and
- List of upcoming events with dates.

Further, notification must be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken or contemplated and any assistance needed to resolve the situation. The standard and agreed upon indicators should be addressed in all Quarterly Reports and Annual Reports. These progress reports should also include any progress made on the learning agenda as well as any application or scale up of these results; the Recipient is expected to share separate reports of individual studies conducted under this award. A template for the reports will be provided by the AOR.

Additionally, the Recipient will be required to submit PEPFAR SAPR (Semi-Annual Progress Report) and APR (Annual Progress Report).

4. Financial Reports:

Financial reporting requirements will be in accordance with 2 CFR 200. Quarterly financial reports are expected to be submitted to USAID/ Mozambique within 30 calendar days after the end of the quarter. The report should include a summary of finances, a pipeline analysis of funds obligated, funds expended, expenses accrued and funds remaining by program areas.

5. Expenditure Analysis Reporting:

As part of USG efforts to continually improve upon efficiency and effectiveness of HIV/AIDS services, PEPFAR launched the Expenditure Analysis, and on annual basis it is expected that Recipient submit expenditure data as part of core reporting.

6. Ad Hoc Reports:

The Recipient may be requested to submit ad hoc reports on the status of its activities as requested by USAID/ Mozambique.

7. Success Stories:

At least two one-page success stories on program activities must be submitted to USAID/ Mozambique in the Quarterly Report. Please review USAID guidance on “success stories’ available at http://www.usaid.gov/stories/.

8. Demobilization Plan:

At least 180 calendar days prior to the Completion Date of the Award, the Recipient must submit a Demobilization Plan for the AOR's approval. A Property Disposition Plan, plan for the phase-out of in-country operation and delivery schedule for all required reports or deliverables along with a timetable for completing all required actions should be included in the Demobilization Plan.

9. Final Reports:

USAID requires, 90 calendar days after the Completion Date of the Cooperative Agreement, that the Recipient submit a Final Report which includes an executive summary of the Recipient's accomplishments, targets not achieved, lessons learned, challenges and conclusions about areas in need of future assistance; an overall description of the Recipient's activities and attainment of results and sub-results by region, as appropriate, during the life of the Cooperative Agreement; an assessment of the progress made toward accomplishing the LOP results and expected results and sub-results, and overall project impact; analysis of the significance of these activities; important findings and recommendations; and a fiscal report that describes use of funds expended under this award. The Recipient is expected to submit, with the Final Report, a list of all the studies conducted during the LOP and a compilation of all the publications/materials produced on the learning agenda.

The applicant must submit all deliverables electronically to the AOR Agreement Officer's Representative.

The deliverables will be considered final once approved by USAID.

Deliverables	Due Date
Final Work Plan, including gender action plan and local capacity development plan	30 days after award
Final M&E Plan	30 days after award
Final Staffing Plan	30 days after award
Final Communication Plan, including Branding and Marking Plan	30 days after award
Grants Manual (if applicable)	30 days after award
Gender Analysis	60 days after award
Quarterly Posts, structured as mini-success story highlighting project work and including one photo and brief (a few sentences) accompanying narrative	Quarterly

Quarterly Reports, structured to align with the work plan, gender action plan, and local capacity development plan, including M&E data and financial reports tracking expenditure by funding type (FP, MCH, PEPFAR). Quarterly reports must include at least one success story suitable for USAID's Blog or Newsletter	30 days after the end of each fiscal quarter. Quarterly reports for the final quarter of each fiscal year may be combined with the semi-annual reports
Semi-Annual Reports, structured to align with the work plan, gender action plan, and local capacity development plan, including M&E data and financial reports tracking expenditure by funding type (FP, MCH, PEPFAR)	October 1 and April 1 annually
Final Project Report	90 days after award
Initial Environmental Examination (IEE)	30 days after award
Baseline Data	120 days after award
M&E Data	Expected to be in October annually

VI.4. Program Income:

If program income is anticipated to be generated under the award, the income will be treated consistent with 2 CFR 200.307(e) (1) Deduction for U.S. organizations. For Non-U.S. organizations, see the provision "Program Income"; the Program Income is deducted from the USG share of this award in a cost share scenario.

{END OF SECTION VI}

SECTION VII: AGENCY CONTACTS

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{END OF SECTION VII}

SECTION VIII: OTHER INFORMATION

VIII.1. USAID Rights:

The Recipient is reminded that USAID reserves the right to fund any or none of the applications submitted in response to this solicitation.

VIII.2. Annexes:

Below is a list of the NFO's annexes:

Annex A: Acronym List

Annex B: Certifications, Assurances, and Other Statements of the Recipient

Annex C: Standard Provisions for U.S. Non-Governmental Recipients

Annex D: Standard Provisions for Non-U.S. Non-Governmental Recipients

Annex E: Past Performance Information Form

Annex F: Additional Provisions

{END OF SECTION VIII}

Annex A: Acronym List

ACT - Accelerating Children's HIV/AIDS Treatment
ANC – Ante-natal care
ApaL - Aprender a Ler
APCA - USG Action Plan on Children in Adversity
ART - Anti-Retroviral Treatment
CBO - Community-based organization
CCs -Community Committees
CDC – U.S. Centers for Disease Control and Prevention
CEEs - Core essential elements
CNCS – National Aids Council
COP - PEPFAR Country Operational Plan
CRC - Convention on the Rights of the Child
CSOs - Civil society organizations
DFID – UK Department for International Development
DHS - Demographic Health Surveys
DoD - U.S. Department of Defense
DoS - State Department
DREAMS - Determined, Resilient, Empowered, AIDS-Free, Mentored, Safe
ECD - Early Childhood Development
ENSSB - National Strategy for Basic Social Security
FBO - Faith-based organization
FORSSAS - Health and Social Welfare Systems Strengthening
FP - Family Planning
FtF - Feed the Future
GBV - Gender-based violence
GBVI - Gender-based Violence Scale-Up Initiative
GDA - Global Development Alliance
GHI - Global Health Initiative
GIS - Geographic Information Systems
GRM - Government of Mozambique
HES – Household Economic Strengthening
HIV/AIDS -Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
IHO - Integrated Health Office
INAS - National Institute of Social Action
INSIDA - National Survey on Prevalence, Behavioral Risks and Information about HIV and AIDS
IOM - International Organization for Migration
LTFU – Lost to follow up
M&E – Monitoring and Evaluation
MDGs - Millennium Development Goals
MER - Monitoring, Evaluation, and Reporting
MGCAS – Ministry of Gender, Children and Social Action
MICS - Multiple Indicator Cluster Survey
MISAU – Ministry of Health

MNC - Maternal, newborn, and child
MNCH - Maternal Newborn and Child Health
MOP - Malaria Operational Plan
NACS – nutritional assessment counselling and support
NCDs - Non-Communicable Diseases
NGO - Non-governmental Organization
OVC - Orphans and Vulnerable Children
PACOV – Plan of Action for Orphans and Vulnerable Children
PARPA - Poverty Reduction Strategy Plan
PEN III - National Strategic Plan against HIV/AIDS
PEPFAR - President’s Emergency Plan for AIDS Relief
PESS - Plano Estratégico do Sector da Saúde
PHAMESA - Partnership on Health and Mobility in East and Southern Africa
PLWHA - People living with HIV and AIDS
PMTCT - Prevention from Mother to Child Transmission
PNAC - National Action Plan for Children II
PPPs - Public-Private Partnerships
QI - Quality improvement
SAFRA – Strengthening Agribusinesses and Fostering Rural Alimentation
SDSGCAS – Health, Gender, Children and Social Action district services
SIMS - Site Improvement through Monitoring System
SPEED - Support Program for Economic and Enterprise Development
SRH – Sexual and Reproductive Health
STIs - Sexually Transmitted Infections
TB - Tuberculosis
USAID - United States Agency for International Development
USG – United States Government
WASH - Water, sanitation and hygiene
ZoI - Zone of Influence

Annex B: Certifications, Assurances, and Other Statements of the Recipient and Solicitation Provisions

See the following link:

http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

Also see Annex F: Additional Provisions.

Annex C: Standard Provisions for U.S. Non-Governmental Recipients

See the following link:

http://www.usaid.gov/ads/policy/300/303maa

Annex D: Standard Provisions for Non-U.S. Non-Governmental Recipients

See the following link:

http://www.usaid.gov/ads/policy/300/303mab

Annex E: Past Performance Information Form

CONTRACTOR PAST PERFORMANCE REPORT - SHORT FORM
PART I: Contract Information (to be completed by offeror)
1. Name of Contracting Entity:
2. Contract Number:
3. Contract Type:
4. Contract Value (TEC): (if subcontract, subcontract value)
5. Description of Work/Services:
6. Problem: (if problems encountered on this contract, explain corrective action taken)
7. Contacts: (Name, Telephone Number and E-mail address)
7a. Contracting Officer: **Phone Number:** **Email Address:**
7b.COR: **Phone Number:** **Email Address:**
7c. Other:
8. Offeror:
9. Information Provided in Response to RFP No.:

Annex F: ADDITIONAL PROVISIONS

1. SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

This survey is available at:
http://transition.usaid.gov/forms/surveyeo.doc

2. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER 2010)

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

(1) Awards to individuals

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

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

CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER 2010)

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

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

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

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

c. Definitions. For purposes of this award term:

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

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

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

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

(ii) A foreign public entity;

(iii) A domestic or foreign nonprofit organization;

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

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

(4) Sub-award:

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

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

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

(5) Sub-recipient means an entity that:

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

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

***ADDENDUM (JUNE 2012):**

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

(1) Awards to individuals

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

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

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

[END OF PROVISION]

3. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010)

Exemptions.

(1) The requirements to report under this provision do not apply to:

(i) Awards to individuals

(ii) Awards less than $25,000

(2) When the AO determines, in writing, that these requirements would cause personal safety concerns, reporting under this provision can be accomplished using generic information.

REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010)

a. Reporting of First-Tier Subawards.

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

(2) Where and when to report.

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

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

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

b. Reporting Total Compensation of Recipient Executives.

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

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

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

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

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

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

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

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

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

c. Reporting of Total Compensation of Sub-recipient Executives.

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

(i) In the sub-recipient's preceding fiscal year, the sub-recipient received—

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

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

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

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

(i) To the recipient.

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

d. Exemptions.

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

(1) Subawards, and

(2) The total compensation of the five most highly compensated executives of any sub-recipient.

e. Definitions.

For purposes of this award term:

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

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

(ii) A foreign public entity;

(iii) A domestic or foreign nonprofit organization;

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

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

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

(3) Sub-award:

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

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

(iii) A sub-award may be provided through any legal agreement, including an agreement that you or a sub-recipient considers a contract.

(4) Sub-recipient means an entity that:

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

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

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

(i) Salary and bonus.

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

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

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

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

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

[END OF PROVISION]

4. USAID DISABILITY POLICY - ASSISTANCE (JUNE 2012)

The recipient must not discriminate against people with disabilities in the implementation of USAID funded programs and should demonstrate a comprehensive and consistent approach for including men, women, and children with disabilities. The text of the USAID Disability Policy can be found at the following Web site: http://pdf.usaid.gov/pdf_docs/PDABQ631.pdf.

[END OF PROVISION]

5. PREVENTING TERRORIST FINANCING (JUNE 2012)

a. The recipient must not engage in transactions with, or provide resources or support to, individuals and organizations associated with terrorism. In addition, the recipient must verify that no support or resources are provided to individuals or entities that appear on the Specially Designated Nationals and Blocked Persons List maintained by the U.S. Treasury (online at: http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx) or the United Nations Security designation list (online at: http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml) .

b. This provision must be included in all sub-agreements, including contracts and subawards, issued under this award.

[END OF PROVISION]

6. PROHIBITION ON PROVIDING FEDERAL ASSISTANCE TO ENTITIES THAT REQUIRE CERTAIN INTERNAL CONFIDENTIALITY AGREEMENTS - REPRESENTATION (APRIL 2015)

(a) In accordance with section 743 of Division E, Title VII, of the Consolidated and further Continuing Resolution Appropriations Act, 2015 (Pub. L. 113-235), Government agencies are not permitted to use funds appropriated (or otherwise made available) under that or any other Act for providing federal assistance to an entity that requires employees, sub-awardees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees, sub-awardees, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(b) The prohibition in paragraph (a) of this provision does not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

(c) By submission of its application, the prospective recipient represents that it does not require employees, sub-awardees, or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees, sub-awardees, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

[END OF PROVISION]

7. USAID IMPLEMENTING PARTNER NOTICES (IPN) PORTAL FOR ASSISTANCE (JULY 2014)

(a) Definitions:
"USAID Implementing Partner Notices (IPN) Portal for Assistance ("IPN Portal")" means the single point where USAID posts proposed universal bilateral amendments for USAID awards, which can be accessed electronically by registered USAID recipients. The IPN Portal is located at https://sites.google.com/site/usaidipnforassistance/. Universal amendments are those

which affect all assistance awards or a designated class of awards as specified in each amendment by the IPN Portal Administrator.

"IPN Portal Administrator" means the USAID official designated by the Director, M/OAA, who has overall responsibility for managing the USAID Implementing Partner Notices Portal for Assistance.

"Universal bilateral amendment" means those amendments with revisions or new requirements or provisions that affect all awards or a designated class of awards, as specified in the Agency notification of such revisions or new requirements.

(b) By submission of an application and execution of an award, the Applicant/Recipient acknowledges the requirement to:

(1) Register with the IPN Portal if awarded an assistance award resulting from this solicitation,

(2) Receive universal bilateral amendments to this award and general notices via the IPN Portal.

(c) Procedure to register for notifications. Go to https://sites.google.com/site/usaidipnforassistance/ and click the "Register" button at the top of the page. Recipient representatives must use their official organization email address when subscribing, not personal email addresses.

(d) Processing of IPN Portal Amendments. The Recipient may access the IPN Portal at any time to review all IPN Portal amendments; however, the system will also notify the Recipient by email when the USAID IPN Portal Administrator posts a universal bilateral amendment for Recipient's review and signature. Proposed USAID IPN Portal amendments distributed via the IPN Portal are applicable to all awards, unless otherwise noted in the proposed amendment. Within 15 calendar days from receipt of the notification email from the IPN Portal, the Recipient must do one of the following:

(1) (a) verify applicability of the proposed amendment for their award(s) per the instructions provided with each amendment; (b) download the amendment and incorporate the following information on the amendment form: award number, organization name, and organization mailing address as it appears in the basic award; (c) sign the hardcopy version; and (d) send the signed amendment (by email or hardcopy) to the AO for signature. The Recipient must not incorporate any other changes to the IPN Portal amendment. Bilateral amendments provided through the IPN Portal are not effective until the both the Recipient and the AO sign the amendment;

(2) Notify the AO in writing if the amendment requires negotiation of additional changes to terms and conditions of the award; or

(3) Notify the AO that the Recipient declines to sign the amendment.

Within 30 calendar days of receipt of a signed amendment from the Recipient, the AO must provide the fully executed amendment to the Recipient or initiate discussions with the Recipient.

[End of Provision]