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Subject: **USAID/Haiti Notice of Funding Opportunity Number: RFA-521-17-000014**

Program Title: Health Service Delivery (HSD)

Ladies/Gentlemen:

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

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

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

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

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

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

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

Thank you for your interest in USAID programs.

Sincerely,

Marva M. Butler

Marva Butler
Agreement Officer

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ABREVIATIONS AND ACCROYNMS USED IN THIS NFO

ADS	Automated Directive System
ANC	Antenatal Care
AO	Agreement Officer
AOR	Agreement Officer Representative
ASCP	Agents de Santé Communautaire Polyvalents
CCS	Centre Communautaire de Santé
CHWS	Community-based Health Workers
CSW	Commercial Sex Workers
EPCMD	Ending Preventable Child and Maternal Death
DDS	Direction Départementale de Santé
FHT	Family Health Team
FSW	Female Sex Workers
GBV	Gender-Based Violence
GOH	Government of Haiti
HCR	Hôpital Communautaire de Référence
LAPM	Long-acting and Permanent Methods
LGBT	Lesbian, Gay, Bisexual and Transgender
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MMR	Maternal Mortality Ratio
MSM	Men who have Sex with Men
MSSP	Ministère de la Santé Publique et de la Population
NGO	Non-Governmental Organization
NICRA	Negotiated Indirect Cost Recovery Agreement
NFO	Notice of Funding Opportunity
OCA	Organizational Capacity Assessment
PES	Package of Essential Services
PD	Program Description
PMTCT	Prevention of Mother-to-Child Transmission
RBF	Results-Based Financing
RFA	Request for Applications
RMNCH	Reproductive Maternal, Newborn and Child Health
SIA	Supplementary Immunization Activities
SBCC	Social and Behavior Change Communication
SCBP	Selection and Capacity Building Plan
SSQH	Services de Santé de Qualité pour Haïti
TB	Tuberculosis
TFR	Total Fertility Rate
UCS	Unité Communale de Santé
USG	U.S. Government
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WRA	Women of Reproductive Age

SECTION A: PROGRAM DESCRIPTION

I. BACKGROUND

A. Overall Country Context

For decades, Haiti has experienced social and political instability that has severely hampered the country's development in all sectors. As one of the poorest nations in the Western hemisphere, Haiti's per capita gross domestic product (GDP) is $1,179, notably below the average of $10,739 in Latin America and the Caribbean (LAC). More than half of Haiti's population lives below the poverty line of $1.25/day. Life expectancy at birth is 62.1 years, compared to 74.4 years for the region. Only 66.2% of youth 15 to 24 years of age are literate, compared to 95.5% for other LAC countries.

The situation was exacerbated by the devastating 7.0 magnitude earthquake in January 2010 that claimed an estimated number of 300,000 lives and left thousands wounded and orphaned. The Government of Haiti (GOH) and its international partners, including the U.S Government (USG), have undertaken significant efforts to build, and in some cases rebuild, the country's infrastructure, systems, and processes post-earthquake. More recently, the southern peninsula of Haiti was devastated by Hurricane Matthew, a category 4 hurricane that damaged health infrastructure and homes and has affected an estimated two million people. The storm has had significant impact and required both an emergency response and longer-term investments in health infrastructure, water and sanitation and shelter.

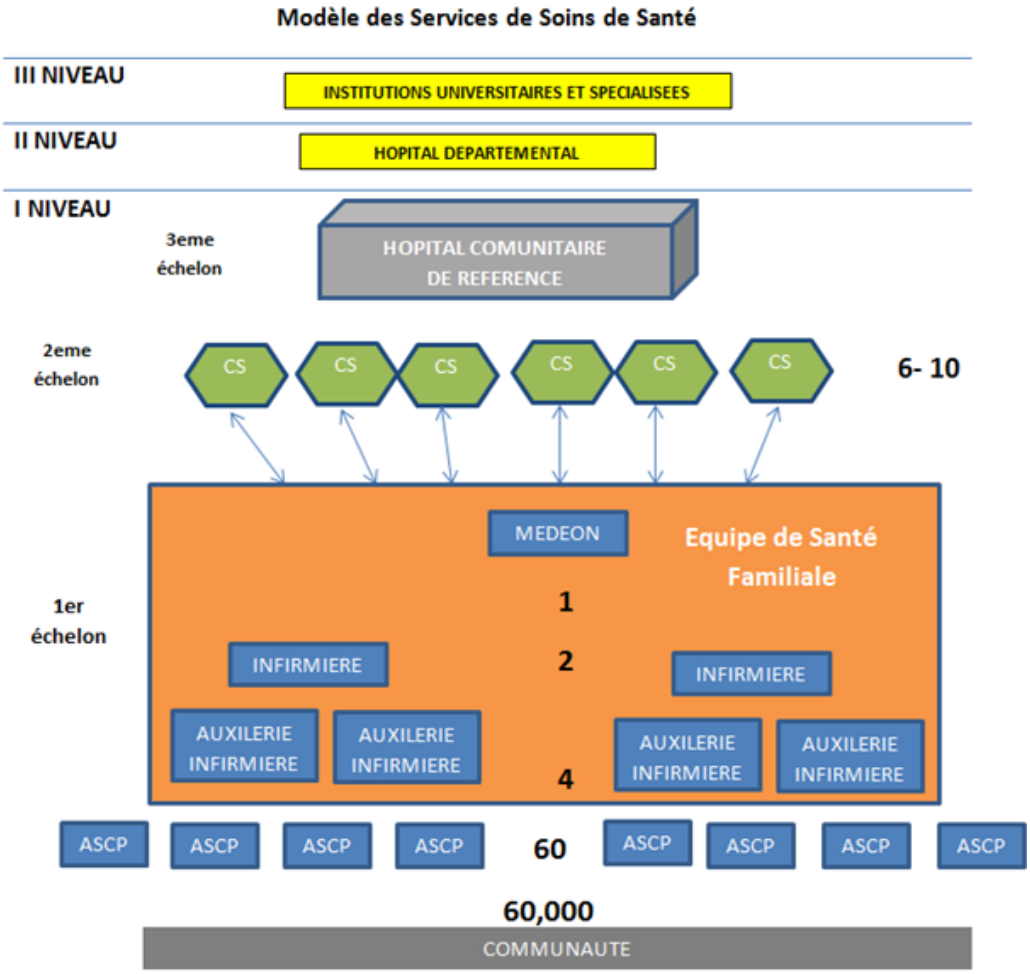
Despite these dire challenges, there have been notable areas of progress. Extreme poverty has fallen from 31 to 24% over the last decade, especially in urban areas, and participation rates of school-age children rose from 78 to 90 percent. After a 5.5% contraction in GDP in 2010 due to the earthquake, Haiti experienced a real growth rate averaging 3.4% and a per capita GDP growth of 2.0%, from 2011 to 2015. This growth was spurred in part by high levels of reconstruction aid and remittances. There is concern that the devastation of Hurricane Matthew may set back real growth and cause health indicators to regress.

B. Health Context

Structure of the Health System: Haiti's primary health care system, or the *Unité Communale de Santé* (UCS), is defined by its catchment area and population, a network of health facilities, with specific cadres of health professionals mandated to deliver specific components of the Package of Essential Services (PES) at each of its three levels. In line with the 2012-2022 National Health Master Plan, the PES includes prevention, diagnosis and treatment interventions for maternal and child health (MCH), family planning and reproductive health, HIV and other sexually transmitted diseases, tuberculosis (TB), nutrition, water and vector borne diseases. Health promotion is recognized as a key strategy for improving health outcomes in Haiti and is therefore fully integrated in the PES as a cross-cutting component.

The first level of the UCS - the *Centre Communautaire de Santé* (CCS) represents the entry point. The *Centre de Santé* is the second echelon. The third echelon is the *Hôpital*

Communautaire de Référence (HCR) which represents the exit point which links Haiti's primary health care system with its secondary level of the health system (*Figure 1*).



The PES provides specific details on the required capacities of primary healthcare facilities at each level, including the respective catchment populations, composition of health cadres, types of services and specific components of the PES they are expected to provide.

The UCS is defined by its catchment area and population, a network of health facilities and the adapted PES with specific cadres of health professionals at each echelon. The CCS is located in a section communal and can provide essential promotional, preventive and curative services to about 5,000 people. Five to six *Agents de Santé Communautaire Polyvalents* (ASCP), supervised by one nurse or aide-nurse, comprise the health provider's team at the CCS. The services are offered mostly within the communities through rally-posts and other local events with ASCPs interacting directly with the beneficiaries.

The CS covers six CCS and can provide out and inpatient services to at least 60,000 people living in one commune. The CS has 10 to 15 beds and should have the capacity to provide basic emergency obstetric and newborn care (BEmONC) and has a level 1 laboratory to perform basic tests. The Centre de Santé has a family practitioner, nurses and aide-nurses, midwifes, ASCPs,

lab, administrative and support staff. The physician and nurses of the CS and aide-nurses and ASCPs of the CCS represent the Family Health Team (FHT).

The HCR, the third echelon of the primary level, covers an entire district with an estimated population of 250-300,000 people. It supports the FHTs within its catchment area by responding to emergencies and complicated cases through in-patient services. The HCR may have up to 50 beds, with a level 2 laboratory and is capable to offer the four basics services OBGYN, surgery, internal medicine and pediatric. C-sections are performed at the HCR level to support BEmONC services at the second echelon of service.

Since basic primary health care represents the entry point of the Haitian health system and to guarantee access to services, the MSPP had developed a decentralized service delivery model supported by a cadre of health providers named *Agents de Santé Communautaire Polyvalents* (ASCP). The ASCPs live and work in their communities, and understand different health issues their communities are facing. The ASCPs link the communities to the health system and by training they have acquired the knowledge, technical skills and ethical behaviors that enable them to promote health services, refer patients to services and respond to emergency situations as needed. The ASCP is a key member of the community health team at the primary level. The MSSP estimates that 10,000 ASCPs will cover the need and facilitate access to basic primary health care to entire population with a ratio of 1 ASCP for 1,000 people. Data from the national health information system (MSPP SISNU, 2016)[1] shows people tend to seek health services after they have been referred by an ASCP particularly for vaccination, family planning and pre-natal visits. In USAID-supported catchment areas, ASCPs provide two to three times more immunization and family planning services than are provided at facilities. Currently there are approximately 4,478 ASCPs working within the health system and USAID supports training and pays salaries for over 1,000 ASCPs.

The provision of healthcare in Haiti varies and although in some clinics it is provided on a fee-for-service basis, there are no fee regulation policies. However, family planning, services for victims of gender based violence and HIV/AIDS testing and treatment are provided free of charge since contraceptives, HIV test kits, and antiretroviral medications are procured by development partners.

Trends in Morbidity and Mortality: Haiti's health indicators clearly reveal weaknesses in the country's health system. While the most recent Demographic and Health Survey (DHS) in 2012 suggested that trends in mortality and morbidity were improving, poor health outcomes and low utilization of services persist. Nearly 40% of Haitians have no access to basic primary health care. Nearly one in four children (22%) under five years is chronically malnourished. The country also has the highest rates of tuberculosis (TB) in the Western Hemisphere, with a 2014 TB incidence rate of 200 cases per 100,000 people. While a comparative analysis of the 2006 and 2012 DHS suggested that trends in maternal and child health (MCH) have shown slight improvement, major challenges remain such as availability of basic MCH commodities and resuscitation equipment at the facility level. In addition to population growth, inflation has increased (14.4% in February 2016), making cost effective service delivery more difficult and hindering access by the Haitian population who struggle to manage increased costs of education,

[1] https://mspp.sisnu.net

healthcare and other related costs of living. There continues to be a high neonatal mortality rate (33 per 1000 live births in 2007 and 31 per 1000 live births in 2012[2]); low rates of modern contraceptive prevalence at just over 31%; and high levels of maternal and child malnutrition, exacerbated by poor access to safe water and sanitation and stock-outs of critical vaccines at service delivery points.. Nationwide supplementary immunization activities (SIA) in 2012 helped improve vaccination coverage, but significant challenges remain.

The findings of the 2013 Health Services Assessment in Haiti indicate that the availability of healthcare services is limited throughout the country:

- Although 92% of primary level health facilities provide antenatal care (ANC) on a routine basis, only 65% have personnel trained to deliver ANC;
- Only 33-39% of facilities can provide laboratory tests for ANC clients; and 33% of facilities provide services for prevention of HIV transmission from mother to child (PMTCT);
- 43% of all facilities have services for normal delivery, however the percentage is higher among secondary level facilities (78%) and the third echelon of the primary level (78%). Caesarian section is available at 65% of departmental and tertiary hospitals and 8% of community reference hospitals (HCR);
- 66% of primary level facilities provide growth monitoring of children under 5 years of age; distribute Vitamin A and have the capacity to offer routine vaccination.
- A majority of facilities offer at least one temporary contraceptive method: 88% provide male condoms; 83% provide injectable hormonal contraceptives; and 80% provide hormonal pills. The availability of long-acting and permanent family planning methods is limited: 23% of facilities provide implants; 4% provide intrauterine devices (IUDs); 6% of facilities can provide tubal ligations and 5% provide vasectomy;
- 44% of facilities at the primary level offer TB diagnosis and/or treatment and/or follow-up;
- 43% of all primary level facilities offer malaria diagnosis and treatment;
- Only 39% of health facilities at the primary level are capable of testing clients for HIV; 15% of facilities provide care and treatment for people with HIV.[3]

Although the national HIV prevalence is low (2.2%, DHS 2012) by comparison to most PEPFAR focus countries, the prevalence rate is among the highest in the Caribbean region. The HIV epidemic is generalized and about 140,000 people are estimated to be living with HIV/AIDS; prevalence rates are higher among most-at-risk populations such as commercial sex workers (CSW: 8.7%) and men who have sex with men (MSM: 12.9%). The MSPP estimates approximately 85,000 individuals are currently receiving antiretroviral treatment. The challenges that remain include: a) decreasing loss to follow-up among people enrolled in HIV treatment; b) ensuring that most at risk populations, particularly lesbian, gay, bisexual and transgender (LGBT) people and female sex workers (FSW), are able to access friendly and adapted services without stigma, c) maintaining access to PMTCT services for pregnant women and d) improving

[2] UNDP Haiti Report on the Millennium Development Goals, 2013.

[3] Institut Haïtien de l'Enfance (IHE) et ICF International. 2014. *Évaluation de Prestation des Services de Soins de Santé, Haïti, 2013*. Rockville, Maryland, USA : IHE et ICF International.

early diagnosis of HIV and initiation of treatment (according to recently-adopted test and start guidelines). On May 31, 2016 the MSPP officially announced that the country is moving to "Test and Start" to achieve epidemic control by 2020 and reach the UNAIDS 90-90-90 objectives.

Between 2005 and 2012, the total fertility rate (TFR) declined from 3.9 to 3.5 and use of modern contraceptive methods increased from 25 percent to 31 percent.[4] Early pregnancy remains a serious issue and is more prevalent in rural areas. 14% of young women aged 15 to 19 have started their reproductive life with 11% already having at least one child and 3% pregnant with their first child (DHS, 2012). While the overall fertility rate in Haiti has decreased steadily over the last few decades (declining from 4.8 in 1994 to an estimated 3.5 in 2012), fertility rates are still estimated to be above 4 in some rural areas. Haiti's modern contraceptive prevalence rate, estimated at 31 percent (2012 DHS), is among the lowest rates in the Western Hemisphere. Among women of childbearing age, only 35% are using a contraceptive method; 31% used a modern method and 3% a natural method. In terms of the overall method mix, injectable remains the most popular method among married women. There has been a dramatic increase in use of injectable according to the DHS 2012, with nearly four times more use of injectable than any other method. The second most used method is male condoms. The contraceptive prevalence has increased among married women from 25% (DHS, 2006) to 31% (DHS, 2012). Adolescents also choose injectable first and condoms second (although at lower rates than older women). The use of long acting and permanent methods (LAPM), i.e., implants, IUDs, and female sterilization has declined in part due to lack of trained providers and limited service availability particularly in peripheral areas. 35% of women aged 15 to 49 have unmet needs, 16% of them want to space births while 52% have never been exposed to any message promoting the use of a contraceptive method. Only 70% of women using modern contraceptive method were informed about its side effects. Increasing access to an expanded method mix is essential insuring the quality of family planning services in Haiti while contributing to a reduction in maternal and child deaths. Additionally, Haiti has had confirmed cases of Zika virus infection, and confirmed cases of congenital zika syndrome. Access to voluntary family planning is especially critical in the context of Zika.

In 2013, the MSPP calculated the maternal mortality ratio (MMR) to be 157 per 100,000 live births. This is twice the average MMR for Latin America (72/100,000) but nevertheless represents a significant decline in maternal deaths in Haiti since 1990, when the estimated MMR was 670.[5] There are several factors that contribute to Haiti's high MMR: a) the low proportion of births that are attended by skilled providers; b) limited access to qualified emergency services and c) the travel distance separating pregnant women from the nearest service delivery point. The 2012 DHS shows that 67% of pregnant women had completed four prenatal visits based on World Health Organization recommendations (WHO) and the first visit happened before the second trimester in 60% of the cases. However, only 65% of pregnant women have been informed about the danger signs during their ANC visits. Women living in urban areas attended more ANC visits compared to their peers living in rural areas. In 2000, slightly less than one

[4] Cayemittes, Michel, Michelle Fatuma Busangu, Jean de Dieu Bizimana, Bernard Barrère, Blaise Sévère, Viviane Cayemittes et Emmanuel Charles. 2013. *Enquête Mortalité, Morbidité et Utilisation des Services, Haïti, 2012*. Calverton, Maryland, USA : MSPP, IHE et ICF International.

[5] UNDP Haiti Report on the Millennium Development Goals, 2013.

quarter (24.2 percent) of deliveries were supervised by skilled providers (e.g., doctor, nurse, and midwife). That percentage rose to 37.3 in 2012 due in part to the MSPP's policy of free maternity care encompassing pre- and post-natal consultations and institutional deliveries. Nevertheless, women in rural areas still have limited access to qualified care: in rural areas 24.6% of deliveries are supervised by qualified personnel versus 59.4% in urban areas.

Because the MSPP has put a lot of effort into vaccine campaigns since the collection of the 2012 DHS data, the 2012 DHS does not necessarily reflect the vaccination coverage in country for the past six years, but rather reflects the performance of routine immunization activities. According to the 2013 health services assessment, childhood immunizations are available in 71 percent of health facilities and Vitamin A is provided at 80 percent.[6] The 2012 DHS found that only 45% of children aged 12 to 23 months were fully vaccinated based on MSPP and WHO standards, and 28% received the antigens before 12 months. The percentage of children immunized against measles steadily increased from 54 percent in 2000 to 85 percent in 2013.[7] Although nationwide SIAs in 2012 helped increase vaccination coverage, coverage rates among children remain well below international recommendations. Despite persistent challenges in immunization coverage in different parts of the country, significant efforts have been deployed to strengthen the national immunization program. The rotavirus, Hib/Pentavalent, pneumococcal conjugate (in 2018) and measles-rubella vaccines have been or are scheduled to be introduced to the expanded program on immunization (EPI) and investment has been made to support routine vaccination particularly in hard-to-reach areas. In the past two years, however, overall progress was undermined by nationwide shortages of vaccines.

Malnutrition among children under five years of age (U5) continues to be a problem in Haiti, although there were some improvements between 2005 and 2012: stunting declined from 29 to 22 percent and underweight declined from 18 to 11 percent.[8] 44% of children under five received Vitamin A supplement and 57% of those who were breastfed received Vitamin A. However, nearly 30% of the Haitian population is considered food insecure, and this likely worsened in the aftermath of Hurricane Matthew. Fluctuations in food prices, natural disasters such as the earthquake in 2010 and the recent hurricane, and variations in weather patterns that affect agricultural output contribute to persistent food insecurity.[9] Anemia is common among children and women of reproductive age (WRA). Between 2005 and 2012, the percentage of children with anemia increased from 61 to 65%; over the same time period anemia among WRA increased from 46 to 49%.[10] Anemia also represents a health issue among Haitian men aged 15 to 49 and is prevalent among those living in rural areas with a prevalence of 27% (DHS, 2012).

[6] Institut Haïtien de l'Enfance (IHE) et ICF International. 2014. *Évaluation de Prestation des Services de Soins de Santé, Haïti, 2013*. Rockville, Maryland, USA : IHE et ICF International.

[7] UNDP Haiti Report on the Millennium Development Goals, 2013.

[8] Cayemittes, Michel, Michelle Fatuma Busangu, Jean de Dieu Bizimana, Bernard Barrère, Blaise Sévère, Viviane Cayemittes et Emmanuel Charles. 2013. *Enquête Mortalité, Morbidité et Utilisation des Services, Haïti, 2012*. Calverton, Maryland, USA : MSPP, IHE et ICF International.

[9] SPRING. 2015. *Haiti: Final Country Report*. Arlington, VA: Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project.

[10] Cayemittes, Michel, Michelle Fatuma Busangu, Jean de Dieu Bizimana, Bernard Barrère, Blaise Sévère, Viviane Cayemittes et Emmanuel Charles. 2013. *Enquête Mortalité, Morbidité et Utilisation des Services, Haïti, 2012*. Calverton, Maryland, USA : MSPP, IHE et ICF International.

The deficiency in micronutrients, like iron and iodine, is also prevalent among children under 5 years as only 11% get iron supplements and 17% have access to iodized salt. In rural settings, only 8% of children under five have access to micronutrients and only 23% of them received deworming medicines to kill parasites, which further increase the risk of gastro-enteric disorders among already malnourished children living in remote and hard to reach areas.

In the aftermath of the January 2010 earthquake, Haiti was hit by a cholera outbreak in October of the same year that further demonstrates the weaknesses of the water, sanitation and hygiene (WASH) sector in the country. A cumulative number of 794,683 people have been affected by cholera and over 9,300 have died since the onset of the epidemic (UNICEF and MSPP, October 2016). Although there have been significant gains in cholera prevention and control since the peak of the outbreak in 2011, there has been an increase in cholera cases in 2016 over the numbers seen in 2014 and 2015, and the case fatality rate (CFR) was approximately 1% by October 2016 (MSPP). Recently, Hurricane Matthew has put tens of thousands of Haitians in the Grand Sud at greater risk for cholera and other diarrheal disease.

Despite MSPP and international partners' efforts to improve sanitation and access to potable water, ongoing limited availability of clean water and improved sanitation facilities contributes to chronic gastrointestinal infections and diarrhea, including cholera, which leads to malnutrition. According to the UNICEF/WHO Joint Monitoring Program for Water and Sanitation, as of 2015, only 62% of Haitians had access to an improved drinking water source and 28% had access to improved sanitation facilities. It is important to empower users to question the quality of water they consume and to encourage improved sanitation and hygiene practices to prevent and decrease incidence of waterborne diseases like cholera. The MSPP's 2013-2018 Strategic Plan for Hygiene Promotion (PSIPH 2013-2018) defines the framework that supports the integration of interventions at different levels, particularly community-based activities, which have greater impact on influencing behavior change.

II. RELATIONSHIP TO USG AND GOH POLICIES

USAID/Haiti has supported the provision of health services for over 20 years and the USG is the largest funder of development programs in Haiti. To consolidate gains and ensure sustained progress in the short and medium term, the four-year HSD project is in alignment with both USG and GOH priorities. HSD activities are designed to directly contribute to an *AIDS-Free Generation, Ending Preventable Child and Maternal Death* (EPCMD), and addressing *Neglected Tropical and other Infectious Diseases* through service delivery and health system strengthening. In addition, HSD activities will support achievement of USAID's Nutrition Strategy (2014) and the Gender Equity and Women's Empowerment Policy (2012). HSD also reflects current guidance with regard to funding and program priorities for PEPFAR 3.0. The overall USAID/Haiti Health Strategy is in alignment with: a) USG Strategic Frameworks and USAID/Haiti Country Development Cooperation Strategy, b) the 2012-2022 Government of Haiti National Strategic Plan, c) Haiti's priorities for the Sustainable Development Agenda; and e) Haiti's commitments to the Global Nutrition for Growth Compact. The HSD Project will be a core component of the USAID/Haiti Mission's Country Development and Cooperation Strategy, now under development, which is expected to cover the five year period 2018-2023.

The HSD project will help achieve the goals of the Global Health Security Agenda (GHSA)[11], which aims to accelerate progress toward a world safe and secure from infectious disease threats. In accordance with Haiti's 5-year GHSA roadmap, the project will support the capacity building necessary to prevent, detect, and rapidly respond to existing and emerging health challenges such as cholera and Zika. It is also expected that the HSD project will play a key role in response to natural disasters such as Hurricane Matthew, in terms of helping to quickly re-establish access to primary health care for affected populations and increasing mobile service delivery, for example. To help the country strengthen its human and institutional capacity, HSD, will fully collaborate with health authorities at different levels and other key stakeholders while increasing the accessibility and quality of health services.

Global best practices on supporting sustained development outcomes is embedded in principles of aid effectiveness first ratified in the Paris Declaration (2005) and reaffirmed in global compacts adopted in Accra (2008) and Busan (2011). To operationalize the pledge USAID made at Busan to promote inclusive country ownership and inclusive country systems, and to further USAID's long-standing commitment to sustained development, USAID/Haiti completed a review of GOH systems and processes through the Public Financial Management Risk Assessment Framework (PFMRAF) to assess the suitability of direct government to government support. The Stage 1 assessment was completed April 2012, and a subsequent fiduciary risk analysis of the MSPP was conducted in August 2015. The review found significant weaknesses in host country systems that precluded channeling USAID funds through the treasury single account (TSA)[12]. The Mission used the PFMRAF to develop a risk mitigation plan which is being used as the basis for ongoing capacity building efforts at the MSPP to address institutional weaknesses identified by the PFMRAF and fiduciary risk analysis. The Mission will conduct a Stage 2 Risk Assessment during the project implementation period in order to explore the possibility of providing direct funding to MSPP during the life of the project and in future years. The Stage 2 Risk Assessment includes testing public financial management and other systems as necessary to validate applicable and relevant systems' operations and internal controls; identify performance risks; and develops associated risk mitigation options associated with a proposed project.

In line with the GOH's commitment to strengthen accountability and ensure alignment of all health funding with national health priorities, and in partnership with the World Bank, USAID has been supporting the development, evaluation, and roll-out of a national Results-Based Financing (RBF) approach at the primary and secondary health service delivery levels. A subset of qualitative and quantitative indicators has been selected to calculate bonuses to be paid quarterly based on each facility's performance. Both the GOH and USAID recognize that implementation of RBF requires significant institutional reforms in the health sector. To this end, an action plan has been developed to address the findings identified in the fiduciary risk analysis of the MSPP concurrent with the launch of the RBF pilot in 2016. These efforts will support reforms including separation of the financing, fiduciary, regulatory quality assurance,

[11] https://www.ghsagenda.org/

[12] TSA is a unified structure of government bank accounts that gives a consolidated view of government cash resources. International Monetary Fund. www.imf.org

contracting, and service delivery functions and are currently underway. It is expected that HSD will continue to facilitate implementation of RBF in selected sites within the USAID network. This facilitation will include support to the selected facilities to develop RBF business plans and technical assistance to support achievement of selected indicators. The USAID mission plans to continue supporting a separate implementing partner to deliver technical assistance to the MSPP to address the findings of the fiduciary risk analysis and support implementation of the action plan, and envisions that external contractor(s) will continue to verify the results achieved by the participating facilities.

To guarantee continuity of health services to the target populations, the HSD project will work closely with other USAID/Haiti's projects that are focused on various components of health systems strengthening, e.g. supply chain management, governance, information management, health financing, and human resources for health. In addition, the HSD project is expected to complement other USAID projects including Feed the Future, Food for Peace, and Economic Growth activities to leverage resources, seek synergies for greater efficiency, and avoid duplication.

III. OBJECTIVES

The overall purpose of the four-year integrated Health Service Delivery (HSD) project is to improve the health status of communities across Haiti. This will be achieved by working in close collaboration with the *Ministère de la Santé Publique et de la Population* (MSPP) both at the central and departmental levels to advance two interrelated objectives:

1. Increase utilization of quality, essential health services in line with the MSPP's approved Package of Essential Services (PES) at both health care facilities and community levels; and

2. Strengthen local management and operational capacities to deliver health services.

Together with USAID's other investments in Haiti's health sector, implementation of HSD is expected to incrementally advance the MSPP's ability to support sustained delivery of quality primary health care services. It is important to note that the MSPP has adopted the RBF model as a national strategy. As such, HSD's implementation strategy should prioritize the expanded application of tailored RBF approaches to improve the access, utilization and quality of services and to drive performance at all levels of Haiti's primary health service delivery system.

Objective 1: Increase utilization of quality, essential health services.

The availability of quality health services is still limited throughout the country. USAID support for government- and NGO-run services is critical to ensure the availability of primary healthcare (PHC) services to approximately 40% of the population. Patient-centered approaches and integrated services shall help HSD reach the most vulnerable groups living in its catchment areas. HSD should focus and organize its service delivery approach around identified needs and expectations of the catchment population to design and shape effective strategies that will increase utilization of services by beneficiaries. The management and delivery of quality PHC services remains a high priority, so beneficiaries can have access to a continuum of health

promotion, disease prevention, diagnosis, and treatment services within the primary level according to their needs. A well-functioning referral and counter referral service system should be available and guarantee the continuum of appropriate quality care to further increase utilization.

The complete PES is provided at primary level facilities with a specific subset of PES being delivered respectively at the tertiary and secondary echelons, and at the community level. During a recent evaluation of the SSQH project, staff and clients at facilities reported that the volume of clients had increased. Clients were generally satisfied with the treatment they received but also said that shortages of medicines and lack of diagnostic tests were significant service limitations. Facility providers reported that health promotion done by ASCPs in communities has been an important factor in increasing utilization of facility-based services especially for antenatal care and supervised deliveries. In addition to health promotion and education, the ASCPs conduct home visits and group outreach for immunization, growth monitoring, Vitamin A distribution and family planning. In addition to reinforcing these achievements, the Applicant must address other constraints in order to further increase service utilization, including:

- Strengthening mechanisms for client follow-up, particularly for TB and HIV positive clients, pregnant and postpartum women and newborns.
- Improving the functionality of the referral system particularly transportation of a patient, like a pregnant woman with complicated labor, from a remote community or peripheral facility to a higher level of care, and
- Increasing community participation in management and governance of health services and mobilizing communities around healthy behaviors and utilization of health services.

Ending preventable child and maternal deaths (EPCMD) is a priority goal for USAID and Haiti is among USAID's 24 EPCMD focus countries. Through HSD, USAID/Haiti aims to accelerate reductions in preventable mortality among targeted communities by increasing the quality, demand for, and utilization of high-impact health promotion, prevention, and treatment services across the reproductive maternal, newborn and child health (RMNCH) continuum, in line with MSPP guidelines and priorities.

The Applicant will need to clearly outline specific activities and strategies for increasing the availability and utilization of quality facility-based and community-based health services under each priority areas of the primary health care continuum included in the PES. Activities aimed at advancing this first objective are also expected to incorporate quality improvement approaches (including compliance with standards and team-work in health facilities), capacity strengthening interventions, including the provision of continual training and support to health providers, strengthening referral systems at all levels, and ensuring an adequate supply of key commodities in line with MSPP policies.

Activities focused on advancing this first objective are also expected to incorporate strategies for advancing the capacity strengthening priorities under Objective 2. Additional cross-cutting activities needed for strengthening and monitoring the management and operational capacities of the *Direction Départementale de Santé* (DDS) are outlined under Objective 2 below.

HSD will advance this first objective through a two-pronged strategy:

- Optimizing the relative allocation of resources to community-based and facility-based services at each level of Haiti's primary health care system, in line with the epidemiological profile, geographic characteristics and other identified needs in each HSD targeted site, with a view to maximizing the coverage and reach of services; and

- Promoting positive health behaviors and health-seeking practices among targeted communities by prioritizing evidence-based health promotion and education activities, as an integral part of services provided at the facility and community levels.

Recognizing that the quality of services is key to increasing their utilization, these strategies will be further reinforced by focused measures for continually improving the overall quality of the interventions included in the PES and how they are delivered.

HSD will collaborate with MSPP and other USAID partners to support and integrate tailored health education and promotion interventions, including social and behavior change communication (SBCC) activities across the service delivery continuum as a complementary strategy for increasing demand and improving access to and utilization of services.

***Optimizing coverage and reach*:**
HSD provides an opportunity to maximize the impact of USAID's ongoing investments in the provision of facility and community-based primary health services throughout Haiti's ten departments. Recognizing the significant population movements in Haiti particularly after the earthquake and, more recently, Hurricane Matthew, HSD will employ a strategy aimed at maximizing the coverage and reach of services by better aligning the allocation of resources with the epidemiological profile, geographic characteristics and other identified needs in sites targeted for HSD support in each department. In order to maximize the overall catchment population in each department, HSD will: (a) prioritize support to a mix of government and non-governmental organization (NGO)-supported facilities that are most accessible to underserved and hard-to-reach communities with the poorest health outcomes; (b) shift greater resources from facility-based services to support the expansion of quality community-based services, as appropriate; and (c) consolidate functional, sustainable and scaleable referral networks that effectively link community level services to all three levels of Haiti's primary health care system. Accordingly, the selection of sites to be supported by HSD will be based on a systematic review of the performance and epidemiological profile of the catchment areas of current sites supported by USAID's *Services de Santé de Qualité pour Haïti* (SSQH) program. The site selection, which will be made together with the MSPP, will be informed by the most up-to-date demographic and epidemiological information available. It is expected that the HSD will support community-based activities in catchment areas surrounding the selected sites.

Table 1: Current Catchment Population Supported by SSQH program

Department	**Catchment Population**
Nord Ouest	130,000
Nord	510,000
Nord Est	365,000
Artibonite	630,000
Centre	274,000
Ouest	1,739,000
Sud Est	100,000
Nippes	121,000
Sud	127,000
Grand Anse	291,000
Total	**4,287,000**[13]

HSD's support will focus on Haiti's primary health care system or the *Unité Communale de Santé* (UCS), as defined by the MSPP. HSD will support the delivery of services with a focus on strengthening the delivery of the essential package of services, especially at the three echelons of the primary health care level (level I). HSD will also prioritize efforts to support the MSPP in strengthening and expanding Haiti's community health service delivery platform, including by building on ongoing USAID-supported efforts to better streamline and standardize the training, supervision and support of ACSPs.

Promoting community engagement and positive health/health-seeking behaviors:
Recognizing the critical role of communities' increased engagement in the management of their own health and health services, HSD will include a strong emphasis on activities aimed at promoting positive health behaviors and health-seeking practices among targeted communities. It will prioritize evidence-based health promotion and education activities, tailored to Haiti's socio-cultural and demographic contexts, as an integral part of services provided, both at the community and facility levels.

At the community level, the ASCPs will be supported to conduct health promotion and education

[13] Total population is 10,460,000 and 4,287,00 reflects 41% of the population

activities related to each set of interventions included in the PES and appropriate referral, including through community outreach, and interpersonal communications during household visits. Health promotion messages advanced by ASCPs will be further reinforced by health providers at the facility level as well as broader SBCC campaigns supported through other USAID mechanisms.

Improving clinical skills of healthcare providers:
In order to improve the quality of services offered at both community and facility levels, the Applicant should demonstrate an innovative approach to strengthening the practical skills of health workers in HSD sites. Haiti has three National Training Centers offering training on a variety of health topics essential for improved health outcomes including MNCH, HIV, FP, etc. The Applicant will support healthcare providers at HSD sites to attend appropriate trainings at the National Training Centers, and seek to build the capacity of these centers. The Applicant should outline innovative approaches for strengthening health worker skills (i.e. clinical mentorship, supportive supervision, peer support groups for ASCPs, etc.) that complement and build upon formal trainings to ensure that all health workers in HSD sites are consistently providing services in line with best practices.

USAID/Haiti -- in collaboration with the MSPP and private sector partners -- has supported many efforts and activities to improve the quality of health service delivery in Haiti. These efforts have achieved varied results, with some technical areas exhibiting strong signs of success, while others have not reached the same levels. To maximize outcomes in quality improvement, USAID expects the Health Service Delivery project to take stock and conduct thoughtful analysis of previous interventions.

Objective 2: Strengthen local management and operational capacities to deliver health services.

Building capacity of Departmental Health Directorates:
Strengthening local management and operational capacity to deliver health services is essential to achieving the overall HSD project goal to improve the health status of communities across Haiti. Through the Health Service Delivery project, USAID envisions its support focused on building the capacity of the MSPP, and especially the DDS, to sustainably improve primary health service delivery at both the facility and community levels. To help achieve this objective, the HSD project is expected to strengthen the capacity of local partners - including the DDS - to strengthen data collection and data analysis as a strategy to continuously improve the quality of service delivery at facility and community levels. HSD support for the DDS should be designed in a way that benefits both the HSD focus health facilities as well as non-focus health facilities. To this effect, the HSD should prioritize (1) building the capacities of DDS in supporting the effective implementation of MSPP and USAID strategies which include micro planning, supportive supervision, reaching every target population, monitoring and data use and linking with communities at DDS, commune, facility and community levels; and (2) improving the capacities of DDS to provide operational and logistics support to communes, health facility and community levels which include: distribution of essential commodities, equipment maintenance and repair, managing financial flows and disbursements, managing the health data through the SISNU system and supporting health worker capacity building activities.

Driving results with evidence-based data:
The Awardee will conduct regular self-assessment of HSD's targeted areas and, if needed, propose annual adjustment of project's objectives based on routine monitoring and lessons learned during the implementation of the activities. This should be part of the project quality assurance and quality improvement (QA/QI) plan and shall include setting specific qualitative benchmarks and performance requirements for all supported sites. To increase the utility of its QA/QI plan the Awardee will share QA/QI responsibility across different health cadres while integrating its plan with operations, including the result-based financing (RBF) component, and all other quality-related activities. Special emphasis should be put on maternal, newborn and child health; HIV/AIDS; family planning and reproductive health; and WASH through the institutionalization of key management practices at the facility and community levels.

Supporting MSPP facility and community-based contractors:
HSD will directly support healthcare delivery provided by a mix of MSPP and NGO-operated primary health care facilities. To date, USAID's support has included technical assistance and funding to DDS to cover operational costs and salaries for over 1,200 designated MSPP and NGO facility- and community-based health provider contractors, including over 1,000 ASCPs. It is expected that the HSD Project will continue to support the operational cost and salaries for a significant number of facility- and community-based health providers, according to the MSPP' officially-approved pay scale. However, USAID aims to gradually transfer some of these costs to the GOH/MSPP over the life of the HSD project as part of an overall sustainability plan. USAID expects to reduce financial support in certain areas over time with the expectation that the GOH will make increasing financial investments. The Applicant should propose a strategy describing how to increase host country ownership and financial contributions over the life of the project. Further, HSD, in partnership with USAID and the MSPP, shall elaborate and institute minimum performance requirements for supported sites and the DDS to ensure that these investments result in measurable improvements in the management and operational capacities of the DDS as well as the performance of all contracted health cadres.

As important as the provision of direct support for service delivery, HSD provides technical assistance to improve the quality of services and strengthen the management and operations capacity of the DDS and the healthcare facilities in finance, site management, supervision of staff, reporting and data analysis. Through a package of direct support for service delivery, technical assistance and inter-project collaboration, it is anticipated that HSD will achieve the desired outcome of increased access to and utilization of quality healthcare by targeted people living within its catchment areas.

Although it is not expected critical care will be delivered at the primary level, the HSD project should seek to improve and sustain lifesaving and basic critical care services by increasing the number of sites certified serving as critical care stabilization centers particularly at the secondary and tertiary levels. The HSD Implementer will work with the departmental health authorities to achieve this milestone and also facilitate the participation of community leaders in addressing key health issues communities are facing and support a full participatory and decentralized service delivery model as described by MSPP in its *Plan Directeur de Santé 2012-2022*. In coordination with the departmental health authorities and other USAID-funded projects, the Awardee will create one emergency response team in each department and ensure that they are equipped and ready to provide immediate assistance in emergency situations and respond to any

emerging public health threat.

IV. EXPECTED RESULTS

Objective 1: Increase utilization of quality, essential health services

A. Maternal, Newborn and Child Health (MNCH)

In line with USAID's commitment to EPCMD, the Applicant is requested to present an integrated and evidence-based technical approach for addressing key barriers across the MNCH continuum to improve the quality and utilization of high-impact MNCH interventions at both facility and community levels using high impact and international best practices. The Applicant should outline an approach that will improve MNCH outcomes by addressing the following components:

- **Improve care seeking and utilization of MNCH services:** Interventions to encourage care seeking and use of services (ANC and skilled birth attendance, birth planning, timely treatment for pregnancy complications, newborn and child health illnesses, etc.). SBCC approaches should focus on creative approaches to community mobilization that address key barriers to service utilization (i.e. mother's groups, local leader involvement, community sensitization, community emergency transportation mechanisms, etc.).

- **Increase adoption of healthy behaviors:** The Applicant should include interventions aimed to improve the coverage of preventative healthy behaviors for pregnant women, newborns and children (i.e. essential newborn care including breastfeeding, nutrition for mothers, newborns and children, immunization, safe water and hygiene practices, etc.).

- **Strengthen the referral system for MNCH:** Ensure that women and children in need of MNCH services are identified promptly in the community and supported in referral to an appropriate facility, as well as counter referrals back to the community and referrals between various levels of the health system.

- **Improve clinical skills of MNCH providers:** Using routine clinical mentorship and supportive supervision approaches, the Applicant should demonstrate how they will ensure sustained availability of quality MNCH services. Innovative approaches should be explored that will contribute to, but not duplicate, formal training provided at the Regional Training Centers.

- **Integrating facility and household-level water, sanitation, hygiene (WASH):** HSD is also expected to complement USAID's broader investments to improve WASH by integrating high-impact preventive WASH interventions at the facility, household and community levels, further reinforcing key BCC activities aimed at accelerating reductions in preventable mortality and improving maternal, newborn and child health outcomes.

1) Maternal Health

In line with USAID's Maternal Health Vision for Action[14], and international guidelines[15], HSD is expected to deliver and increase utilization of quality community and facility-based services for improving maternal health outcomes during pregnancy, birth, and the postpartum period.

Community-level:

- Antenatal care (ANC): Promoting the importance of ANC to increase the number of pregnant women who attend ANC once during the first trimester and regularly thereafter.

- Skilled birth attendance at delivery: Promoting birth planning and preparedness, including innovative approaches to overcoming delays in care seeking (i.e. emergency transportation schemes, etc.).

- Community level identification and tracking of pregnant and postpartum women by conducting regular home visits to reinforce BCC messages detect and promptly refer for complications.

- Prevention of postpartum hemorrhage: Work with the MSPP and other partners to introduce and roll out the advanced distribution of misoprostol for prevention of postpartum hemorrhage.

Facility-level:

- ANC: Improving quality of integrated ANC services at the facility level, including increasing the uptake of micronutrients such as iron folate. Ensure appropriate integration of infectious disease during pregnancy (i.e. prevention, early diagnosis, treatment or prompt referral and management of HIV, TB, malaria, Zika, etc.).

- Quality Delivery Care: Ensure provision of quality, respectful care and ensuring prompt and equitable access to high impact interventions including:
  - ✓ Pre-eclampsia/Eclampsia Prevention and Management.
  - ✓ Active Management of Third Stage of Labor (AMSTL).
  - ✓ Strengthening and expanding basic and comprehensive emergency obstetric and newborn care (BEmONC/CEmONC).
  - ✓ Work with PSM to ensure adequate supply of key commodities for safe delivery (including uterotonics and magnesium sulfate).
  - ✓ Specific interventions for promoting respectful care around birth, in line with recommended global guidelines (see WHO Standards for Improving Quality of MNCH Facilities).
  - ✓ Postpartum family planning.

[14] https://www.usaid.gov/sites/default/files/documents/1864/MCHVision.pdf

[15] *WHO Standards for Improving Quality of Maternal and Newborn Care in Health Facilities:* http://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/

2) Newborn Health

In line with the global Every Newborn Action Plan[16], HSD's integrated service delivery will include a newborn care package of evidence-based, high-impact interventions for addressing prevention, management and care of intrapartum complications and the three major causes of newborn mortality, i.e., preterm birth and low birth weight complications, asphyxia, and sepsis.

Community-level:

- Community identification of newborns, including timely home visits for neonates with prompt referral for suspected complications.

- Preventative behaviors: Newborn home visits and other community mobilization efforts should include focus on adoption of healthy newborn care practices, such as clean cord care, infection control, exclusive breastfeeding, prompt care-seeking for danger signs, etc.

- Chlorhexidine: Work with the MSPP and others to introduce and roll out, as appropriate, chlorhexidine for infection prevention.

Facility-level:

- Facility Readiness: Ensure appropriate facilities are providing quality newborn care services by enhancing provider clinical skills and working with PSM to ensure availability of needed supplies and commodities to manage:

- Asphyxia: ensuring resuscitation capacities (trained providers with functional bag/mask/suction device)

- Preterm births/low-birth weight complications (antenatal corticosteroids as appropriate; kangaroo mother care)

- Infection control: injectable antibiotics; chlorhexidine

- Sick newborn care capacities

3) Immunization

Improving equitable immunization coverage is a critical strategy for accelerating reductions in preventable under-five deaths in Haiti. This will require supporting the MSPP's ongoing efforts to build a sustainable routine immunization (RI) system that can deliver vaccinations (including effective roll-out and/or integration into the national RI schedule recently introduced and new vaccines - rotavirus, Hib/Penta, pneumococcal conjugate (in 2018) and measles-rubella).

At the national level, the Applicant should build on USAID's ongoing efforts to optimize and complement its substantial investments in Gavi, the Vaccine Alliance (Gavi). HSD is expected to help strengthen the technical and management capacity of the MSPP-led Expanded Program on Immunization (EPI) as appropriate. HSD is also expected to contribute to national level immunization policy and decision making processes as well as program coordination and review

[16] https://www.everynewborn.org/

activities through active engagement and participation in the Immunization Coordination Committee (ICC), National Immunization Technical Advisory Group (NITAG), and Gavi joint appraisals.

DDS Level:

Within the national immunization program, the primary role of the DDS EPI unit should be to provide technical and management support for immunization service delivery activities at commune, facility and community levels. HSD support for the DDS should be designed in a way that benefits both the HSD focus health facilities as well as non-focus health facilities. To this effect, the HSD should prioritize (1) building the capacities of DDS EPI units in supporting the effective implementation of RED/C components which include micro planning, supportive supervision, reaching every target population, monitoring and data use and linking with communities at DDS, commune, facility and community levels; and (2) improving the capacities of DDS EPI units in providing operational and logistics support to communes, health facility and community levels which include: distribution of vaccines and supplies, cold chain equipment maintenance and repair, managing financial flows and disbursements, managing the immunization data through the DHIS2 system and supporting health worker capacity building activities.

Health Facility Level and Community Level:

In line with global guidelines and strategies set out in the Global Vaccine Action Plan and within the framework of RED/C approach, HSD should prioritize support to: (1) development of quality micro plans at health facility level, implementation of vaccination sessions according to the micro plan and as deemed necessary expansion of outreach or rally posts and periodic intensification (surge approach) to reach the unreached areas and populations, improvement of data quality and data use including tracking of dropouts, unimmunized children, and coverage through the effective use of RED monitoring tools, improvement of demand and community support for vaccination through improving interpersonal communications and community mobilization; and (2) building health facility staff capacity in vaccine management, cold chain equipment and logistics management and financial management.

4) Child Health

In line with the Global Action Plan for Pneumonia and Diarrhea, HSD will support a comprehensive set of evidence-based child health interventions geared to reducing incidence, improving identification, and ensuring appropriate treatment for the most common childhood illnesses in Haiti.

Community-level:

- Preventive Behaviors: Promote uptake of preventative behaviors such as clean water, safe hygiene and sanitation, adequate nutrition including breastfeeding etc.

- Timely recognition of Illness: Enhance caregivers' early recognition and management of danger signs and symptoms of common childhood illnesses.

- Referral systems for sick children: Facilitate rapid identification of sick children, with referrals as needed to ensure appropriate and timely treatment. Counter referrals should also be incorporated to follow up on children after treatment.

- Integrated Community Case Management (iCCM): Work with the MSPP and other partners to introduce and expand community-based treatment for childhood illnesses (pneumonia, diarrhea, malaria and malnutrition).

- Strengthen linkages with social marketing, private sector projects: Work closely with SHOPS Plus project to promote linkages, as appropriate, for the social marketing and private sector availability of health products including ORS/zinc, water purification tabs, etc.

Facility-level:

- Integrated Case Management of Childhood Illness (IMCI): Strengthen the quality of IMCI services for pneumonia, diarrhea, malaria, and malnutrition including identification and referral for cases of severe disease. The IMCI approach should include clinical mentorship and hands on skill building support for providers, strong monitoring and evaluation including use of data for decision making, and working with PSM to ensure availability of appropriate commodities (dispersible amoxicillin, ORS/zinc, etc.). For HIV positive children identified in non-HIV treatment supported sites, it is expected that HSD will facilitate case referral to nearby HIV service delivery sites, within the HSD network when possible, for appropriate treatment and care.

B. Family Planning and Reproductive Health

Family planning supports the right of women and men to determine if, whether and when to have children, and is key to reducing preventable child and maternal deaths. USG health programs address family planning with the aim of meeting unmet need for family planning and encouraging healthy timing and spacing of pregnancy, through improved quality and availability of voluntary family planning services, demand-creation, and supporting an enabling policy environment to ensure efforts are sustained.

The strategic priorities of USAID/Haiti's family planning program mirror the overall program objectives and include:

- Implementation and scale up of selected high-impact family planning interventions at both facility and community levels to increase utilization of quality family planning services; and
- Strengthened health systems to support family planning service delivery, including improved linkages between community and facility based service delivery and improved community mobilization efforts.

In response to these priorities, the Applicant should describe an innovative, evidence-based approach to achieve the following program objectives:

1. Strengthen access to a range of high quality family planning services:

a) Expand availability of a broader method mix: the Applicant should prioritize access to new and underutilized long-acting reversible contraceptives (LARCs) and long-acting permanent methods (LAPM), including intrauterine devices (IUDs), vasectomy, and tubal ligation in project-operated sites. The Applicant should describe how the program will provide specialized training of family planning service providers to reinforce technical capacity and increase the total number of providers (particularly in departmental mobile units) trained in delivery of long-acting modern contraceptive methods, with the goal of making LARCs and LAPMs more available at USAID-supported sites. Further, the proposal should also address how the Applicant will improve commodities management and logistic support at the site-level, and improve community-based distribution of temporary methods.

b) Increase community-based outreach and referrals: Innovative approaches should be proposed to scale-up quality family planning and reproductive health (FP/RH) training and supportive supervision of community-based health workers (CHWs), to ensure comprehensive counseling and support to service provision.

c) Increase access for youth and underserved communities: the Applicant should propose ways to increase access to and demand for FP/RH services for youth as well as hard-to-reach communities and communities where women's mobility is restricted due to various socio-cultural and economic barriers. This might include offering an integrated package of youth-friendly services, improved provider training and youth outreach, and other similar approaches.

2. Support and complement social and behavior change communication (SBCC) interventions:

USAID invests in FP/RH social marketing and SBCC programming targeting adolescents, young men, and women to address the barriers to family planning services and products in Haiti: lack of public education; fear of side effects; provider bias; and rumors, and misinformation about modern methods. Though not the project's main focus, HSD activities should complement existing USAID activities in this area, including potentially in:

a) Harmonization of messaging: The Applicant shall ensure consistent messaging between HSD and USAID SBCC implementers, and to improve linkages with current SBCC and social marketing partners to effectively integrate high quality SBCC in the three stages of the service delivery process: (a) before the provider-client interaction (creating demand); (b) during the provider-client interaction (improving the client experience); and (c) after the provider-client interaction (boosting behavioral initiation and maintenance).

b) Changing provider behaviors: A focus on changing behaviors of health providers through attention to their knowledge and skills, normative and attitudinal factors (i.e. provider bias), and supportive supervision are of particular importance because they offer opportunities to improve the quality of client-provider interactions and, ultimately, client satisfaction and behavior change.

c) Promoting supportive community norms: Where applicable, engaging and supporting

partners and community leaders to promote FP/RH within families and communities is also critical.

3. Support health systems interventions to strengthen service delivery:

a) Improve integration: The Applicant should describe plans for applying best practices to effectively integrate family planning and reproductive health services into other health platforms, including immunization, postpartum care, HIV and other health services. As appropriate, the HSD should develop a one stop approach to FP/RH services so that women seeking services through these service points within the health facility can initiate and access FP services.

b) Improve referrals: The Applicant should describe plans to support the MOH's efforts to expand the number of mobile units delivering FP services and strengthen referral and counter-referral, with particular attention to underserved communities described in 1(c).

C. HIV and Tuberculosis

HSD HIV activities will fall under the UNAIDS 90/90/90[17] goals supported by PEPFAR and the Government of Haiti/MSPP which aim to have by 2020: 90% of people living with HIV know their HIV status, 90% of people diagnosed with HIV infection receiving sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy achieving viral suppression. The Applicant shall develop an integrated HIV service delivery model that supports patient-centered interventions while addressing key social and geographical barriers hampering full and complete retention and adherence to HIV treatment. Provider-initiated and targeted counseling and testing services should be available to beneficiaries both at facility and community level in areas covered by the HSD project. Innovative approaches along the 90/90/90 cascade should be developed to foster the availability and utilization of HIV testing and treatment services based on patients' preferences and needs and ideally delivered in community settings around a designated service delivery point.

The Applicant will develop and use existing evidence-based interventions or strategies, including using technology based hardware and software, to improve linkage and retention to reduce lost to follow up (LTFU) and ensure patients remain on treatment, and those previously lost to follow up are brought back to treatment. Specific attention should be focused on vulnerable groups including persons living with HIV/AIDS, commercial sex workers (CSW), LGBTI, adolescent girls and women, migrant people, children, siblings and/or partners of identified HIV infected people.

In order to alleviate the burden of HIV on the health system and achieve greater efficiency, trained community health care workers, peers and ASCPs should be involved in the management of stable patient cases by facilitating distribution of pre-packed ART drugs and referral to facility for clinical review and viral load. On May 2016, the MSPP officially endorsed "Test and Start" as a national strategy to help the country meet the 90/90/90 goal by 2020. The Awardee will continue to foster implementation of "test and start" approach by conducting targeted and

[17] http://www.unaids.org/

decentralized testing in focus areas and among key groups (MSM, CSW, migrant workers) in scale-up geographic sub-national units (SNUs). The multi-month scripting of antiretroviral drugs as well as facility and community-based drug distribution shall be implemented to help decentralize treatment and decrease the number of visits to a health facility for ARV drug pick-up. The HSD activity will continue to implement biometric codes to help identify medical shopping and facilitate patients' tracing. In collaboration with other USAID and CDC PEPFAR funded projects, the Awardee will ensure that all facilities in its network that have the ability to perform lab tests are capable to conduct viral load tests for monitoring patients on ART.

Specifically, the Awardee will:

1. Support delivery and use of an integrated package of antiretroviral treatment; care and support; integrated TB prevention, detection, and treatment; eMTCT and HTC services both at facility and community levels in all PEPFAR selected districts in the catchment area of the HSD project. It is expected the Awardee will work jointly with the centrally-managed award, EQUIP, and other projects to achieve results for greater impact.

2. Support the expansion and complete roll out of test and start at all service delivery points both at facility and community levels. The scale up of "test and start" should increase the number of people living with HIV who know their status; the number of people diagnosed who are put on treatment and the number of people on treatment who achieve viral suppression in alignment with the 90/90/90 goals.

3. Continue to support pediatric treatment, care and support, in close collaboration with other PEPFAR partners, at the facility and community level in all HSD project catchment areas. The Awardee will ensure availability of specialized services for vulnerable populations such as orphans and vulnerable children (OVC) as well as other high-risk category. All HIV-exposed infants shall be tested by dried blood spots (DBS) DNA PCR and for those who seroconvert, initiate ART treatment as soon as possible. Testing of siblings and partners through targeted index testing to detect other HIV and TB cases shall be conducted.

4. Ensure that HIV rapid testing (finger prick) is available at all service delivery points offering HIV services both at facility and community level. In collaboration with EQUIP and other PEPFAR partners, training plans shall be developed for all service delivery points in HSD catchment areas to strengthen their capacity to deliver targeted testing services. As mentioned in detail under Objective 2, the Awardee will work with the PSM team to prevent stock-outs of test kits, ARV drugs and other HIV commodities in service delivery point in HSD catchment area.

5. Address stigma and discrimination by facilitating access to psychosocial care and support for people living with HIV/AIDS (PLWHA) and OVC. The Awardee will ensure that existing support groups within organizations of PLWHA are maintained and supported, prioritizing a community-based approach (community adherence groups - CAG, etc.) to provide a more stable and friendly environment to support ARV treatment. Group networks in the community and creation of child friendly spaces (kids club) should also be encouraged.

6. Support provision of TB services in all service delivery points both at facility and community level in HSD catchment areas. The package shall at least include clinical screening for TB, and

as needed referral for further screening and treatment. Through community-based outreach, TB case detection should be intensified and all suspected cases link to diagnostic and service delivery points for immediate follow up and appropriate care. The Awardee will support the procurement and provision of personal protective equipment (PPE) and the implementation of bi-annual comprehensive infection control assessments, as well as support comprehensive infection control standards in facilities located in HSD catchment area.

D. Water, Sanitation, Hygiene (WASH) and Nutrition

The HSD project, through its network of ASCPs, should be involved in WASH activities by distributing safe water products at the household level to vulnerable families and emphasize the dissemination of messages on hygiene promotion and sanitation in coordination with other USAID/USG and non-USG implementing partners to support MSPP efforts to eradicate cholera and other diarrheal diseases. Broadly, HSD should play a significant role in improving the management of acute diarrheal disease cases at the facility level. At the community level, ASCPs should be trained to be capable of educating mothers and caregivers to identify signs of dehydration, as well as on how to prepare oral rehydration solutions to start rehydration before reaching the nearest facility. The Applicant shall propose a data-driven approach to support WASH interventions, in collaboration with the USAID funded Haiti WASH project, with a higher level of effort in the eight priority communes with the highest burden of cholera and other diarrheal diseases.

To support the USAID/Haiti Nutrition strategy, the HSD project should ensure that ASCPs are capable to screen children under five by using the mid-upper arm circumference measurement (MUAC) in all communities within its catchment area. Once identified, both severe acute malnourished (SAM) and moderate accurate malnourished (MAM) cases should be referred to the health facilities for treatment and care. The facilities should have a continuing supply of Plumpy'nut (RUTF) so stock-outs do not hamper the services for community management of MAM or the treatment of SAM. The HSD project and USAID's flagship nutrition project, AKSYON, should collaborate to facilitate referrals and care of identified malnourished children cases within their catchment areas to ensure appropriate geographic coverage and improvement in nutrition outcomes.

USAID/Haiti -- in collaboration with the MSPP and private sector partners -- has supported many efforts and activities to strengthen local capacity to improve the quality of health service delivery in Haiti. These efforts have achieved varied results, with some technical areas exhibiting strong signs of success, while others have not reached the same levels. To maximize outcomes in quality improvement, USAID expects the Health Service Delivery project to take stock and conduct thoughtful analysis of previous interventions. USAID expects that HSD will increase health care providers' knowledge and competencies in critical evidence-based HIV/AIDS, Tuberculosis, FP/RH, MNCH, nutrition and WASH.

Objective 2: Strengthen local management and operational capacities to deliver health services.

Improving quality and availability of services also requires the Applicant, in collaboration with health authorities, to strengthen the management and operations of supported facilities and at selected DDS. Expected results include improved systems of documentation, record-keeping, patient tracking, and financial management practices. The Awardee will build the capacity of

different health cadres, including the Agents de Santé Communautaire Polyvalents, at facility and community levels allowing them to provide quality health care to beneficiaries within their communities.

HSD support for the DDS should be designed in a way that benefits both the HSD focus health facilities as well as non-focus health facilities. To this effect, the HSD should prioritize (1) building the capacities of DDS in supporting the effective implementation of MSPP and USAID strategies which include micro planning, supportive supervision, reaching every target population, monitoring and data use and linking with communities at DDS, commune, facility and community levels; and (2) improving the capacities of DDS to provide operational and logistics support to communes, health facility and community levels which include: distribution of essential commodities, equipment maintenance and repair, managing financial flows and disbursements, managing the health data through the SISNU system and supporting health worker capacity building activities.

A- Role of HSD in supporting MSPP contractors and ASCPs

Strengthening the delivery of health services at the community level while promoting healthy behaviors to facilitate and increase uptake of services represents a key aspect of the continuum of care under of objective two. With respect to the ASCPs, the MSPP would like to increase the number of ASCPs to reach a ratio of 1 ASCP per 1,000 beneficiaries in order to guarantee equity and full access to basic primary health care to the most vulnerable people, per its 2012-2022 National Strategic Plan. The 2011 curriculum states that ASCPs can support health promotion and disease prevention activities through educational sessions by prioritizing access to services and information sharing at the community level. The ASCP also participate in deworming campaigns but are not authorized to provide other type of health services unless supervised by another health professional. However, it is common for ASCP in remote areas - who often represent the only health point of contact for the population to access health care - to respond to immediate needs then facilitate referrals. The Applicants should consider the role of trained and certified ASCP while facilitating access to basic services, particularly in family planning, immunization, Zika and HIV.

It is expected that the HSD project will support MSPP to review and update the ASCP training curricula, job aids, outreach and educational materials. The Awardee will maintain a mapping of their respective catchment areas and specific services provided shall be part of the project data base and being kept regularly updated. This should be done in close collaboration with other USAID projects that provide direct technical assistance to MSPP in support of its strategy for Human Resources for Health or have other community health cadres that should be trained to become ASCPs.

B- HSD Role in Strengthening the Supply Chain, Waste Management and Ensuring Commodity Availability

The HSD project will contribute to strengthening the supply chain under objective two by supporting the availability of commodities at the site level. The delivery of health services implies the consistent availability of health commodities and functioning materials and equipment at the facility level supported by a strong, active and well-organized supply chain system. It is envisioned that USAID and PEPFAR will continue to procure family planning commodities, MCH, HIV/AIDS drugs and commodities through a central award (Global Health

Supply Chain-Procurement and Supply Management, GHSC-PSM) for the implementation of activities under HSD. In support to EPCMD, budget provisions have been made for the procurement of a subset of life-saving maternal and child health drugs, supplies and commodities through PSM to increase the availability and utilization of quality facility-based and community-level services in HSD catchment areas.

Since January 2015, the U.S. Government has consolidated its family planning and PEPFAR supply chain systems for greater efficiency to allow commodities to be co-warehoused and delivered to health facilities. This consolidation was in alignment with USAID's support of the MSPP goal to establish a single supply chain and distribution system. The plan for the creation of the "Système National d'Approvisionnement et de Distribution des Intrants" (SINADI) was approved by the Minister of Health in January 2016 and its overarching goal is to strengthen the procurement, distribution and availability of drugs and other health commodities at service delivery points. Although the GHSC-PSM project is the lead USAID-funded partner supporting the MSPP to achieve its strategic supply chain objectives, it is expected that the HSD project will significantly contribute to these objectives as well. Based on the site assessments currently underway by GHSC-PSM and GHSC-TA, the HSD project will implement specific upcoming recommendations falling under its scope in supported sites. Recommendations pertaining to commodities stock management, minor infrastructure work to ensure adequate commodity storage capacity on-site, training of facility staff in commodity storage and management, collection and reporting of consumption data, procurement of non-logistic materials (like computers) and the availability of other essential medicines not procured by PSM will be managed by the Awardee in collaboration with the health departmental authorities.

HSD shall also coordinate with the supply chain partner to facilitate maintenance and/or repair of all laboratory and medical equipment on sites while supporting end-use verification exercises for USG donated equipment. As part of its overall QA/QI strategy, the Awardee will contribute to improving the management of pharmaceutical and non-pharmaceutical waste at the site level. HSD will coordinate with GHSC-PSM and GHSC-TA for the collection of pharmaceutical waste and unrepairable equipment. In addition, HSD is expected to support health facilities and DDS in the strengthening of appropriate medical waste management. It is expected that the Awardee will recruit two commodities and logistic advisors with one dedicated to laboratory and medical equipment.

The HSD project shall support the roll-out, implementation and management of the Logistic Management Information System (LMIS) identified for the harmonization of the logistic reporting tools and software. The Awardee will also coordinate with USAID partners and identify space, as it is available and possible, to accommodate USAID-supported embedded logistic advisors working with health departmental authorities.

C- <u>HSD Role in Strengthening the Health Information System</u>

The HSD project is expected to collaborate with the USAID-funded Health Information System (HIS) project to support the MSPP goal to have a unique health information system for data collection, compilation, analysis and synthesis to strengthen communication and the use of data for decision making.

The HSD project shall ensure that at the facility level:

- Data collecting tools (forms, registers, etc.) are available to track supported activities within the PES (family planning, HIV, MNCH, TB, etc.), and all ASCPs have access to materials (cellphones with appropriate data plan) that allow them to collect and track related primary health care activities in the field.

- Electronic servers and databases at sites (MESI, I-Santé, etc.) for patient management and reporting are functioning; Internet connection, computers, and other office supplies are available for e-reporting to the "Système Information Sanitaire Nationale Unique" (SISNU).

- Service delivery statistics and consumption data for commodities (family planning, HIV, MCH, etc.) are collected routinely and accurately on a timely manner to the LMIS.

At the national level, the HSD project shall collaborate with the Health Information System (HIS) project for the development, roll-out and implementation of the m-health platform to facilitate improvements in community and clinical case management.

The m-health platform will also serve as a job aid for the community health workers to improve patient management and reporting at the community level. As part of its QA/QI strategy, the Applicant should clearly demonstrate what measures will be taken to guarantee data quality to support the effective and accurate use of data for decision making and improvement of quality of care, particularly for HIV patients, pregnant women, and family planning, and other MCH beneficiaries. To better respond to identified needs and further develop and implement data-driven service delivery activities, the USAID-funded external data verification projects (VRS) will conduct regular data audits at the facility and community levels that will be triangulated with data collected by the USAID staff during their routine field visits. The analysis of the different verification data will routinely inform USAID on the accuracy of reported data by sites. We anticipate that this data will be used to identify sites with ongoing data reporting challenges and that these sites will be considered for reduced or eliminated support.

D- <u>HSD Role in the Implementation of Result Based Financing (RBF)</u>

The Applicant should also build both its proposed integrated service delivery model and quality assurance and quality improvement plan by considering the result-based financing (RBF) strategy the MSPP launched in 2014 as a national initiative to continuously improve and sustain the delivery of quality primary health care services to the most vulnerable in Haiti. USAID, through the Leadership, Management and Governance (LMG) project, and the World Bank have been providing substantial support to the Ministry of Health during the process and remain committed for its full implementation. Currently, several actors are involved in the roll out of RBF with specific roles and responsibilities, the Applicant will become familiar with of all the RBF tools and the role of each stakeholder as RBF will be considered one of the approaches the HSD project shall use to improve the quality of services and increase motivation of staff. Currently, USAID is supporting 32 sites that are implementing RBF, and although the number of supported sites might increase, the role of HSD will be limited to provide technical assistance to the sites for preparing and updating their business plans and ensuring that each supported site is

offering high quality standard of care. The payment of RBF payments will continue to be made by a third party with whom HSD will closely collaborate.

The criteria to be eligible for bonuses have been defined by the MSSP and are described in the RBF manual;[18] however HSD shall select additional performance requirements associated with awards or certificates to stimulate employees' performance for greater results. The Awardee will work closely with the USAID-funded external verification projects that conduct independent qualitative and quantitative quarterly verification exercises to determine if services offered have met the minimum requirements for the site to receive incentive payments. The Awardee will also collaborate with the Advancing Partners and Communities project implemented by John Snow Inc. that provides fiduciary and technical assistance to MSPP in support to RBF. The World Bank and USAID are jointly conducting an impact evaluation of RBF and decisions to expand RBF within the USAID network will consider evidence from the impact evaluation.

E- HSD Role in Supporting Local Solutions and Capacity Building

Sustainable delivery of quality health services through HSD requires capacity building of the Haitian organizations engaged in project implementation, as well as institutionalization of best practices and knowledge sharing. Capacity building should be directed at key Haitian organizations that are capable of delivering quality health services. Presently, 90% of the sub-grantees implementing the current USAID-funded health service delivery project are local partners under the leadership of an international entity that provides technical assistance and mentorship. Applicants should propose working with local partners in response to this solicitation.

As part of the overall strategy to identify local solutions to improve the health outcomes of the Haitian people, the Applicant should clearly demonstrate how its approach will put emphasis on the role of ASCPs in the proposed service delivery model. Applicants should describe the decentralized service delivery model and identify approaches that could be explored with the MSPP about how to potentially decentralize support to ASCPs through the departmental health directorates.

The expected results also include building the capacity of local NGO partners. The improved capacity of selected local partners, as measured by follow-up independent assessments measured against the Organizational Capacity Assessment (OCA) baseline, will be an expected result under Objective Two. It is anticipated that early after award, the Applicant, in consultation with USAID/Haiti, will utilize the OCA assessments, along with conducting other appropriate assessments, to identify a minimum of three (3) local partners who could be strengthened over the first two to three years of the project, and graduated to direct agreements with USAID by the end of Year Two or Year Three, as appropriate for the graduating local partner. Subsequently, and following transition of these direct agreements, the prime partner will continue to provide ongoing technical assistance and support to the graduated local partner(s) throughout the life of the HSD project period to ensure quality and consistency of the implementation approach.

Capacity building of local partners will support sustainability of the HSD project. Capacity

[18] www.mspp.gouv.ht/

building will be directed at key audiences necessary to create an enabling environment for implementing HSD activities on a sustainable basis leveraging market conditions (e.g., local governments, relevant GOH agencies, professional associations, NGOs and other stakeholders working in the health sector), as well as engage civil society and the private sector in contributing to strengthening health service delivery in Haiti. These capacity building activities are needed to help the country strengthen its human and institutional capacity in all aspects of the public health system. Building local capacity will ensure sustainability of HSD accomplishments and best practices and create a network of local partners capable of assuming ownership of both activities and results.

Tasks:

To prepare local partners to graduate to direct agreements with USAID/Haiti, the Applicant (as prime partner) is expected to perform at least the following activities during the first two years of HSD implementation:

- Develop a selection and capacity building plan (SCBP) for local organizations that will be prepared to receive a direct award from USAID/Haiti. This plan will be presented to USAID/Haiti and will be subject to approval by the USAID/Haiti Agreement Officer's Representative (AOR). In this SCBP the prime partner will:

    - o Develop a meaningful agenda that will be implemented by the local partner as part of the HSD PD initially under a sub-grant awarded by the prime partner and later under a direct award from USAID/Haiti.
    - o Conduct analysis of existing local partners and recommend to USAID/Haiti the selection of local partners.
    - o Jointly with USAID/Haiti, develop a comprehensive list of capacities and qualities that the local partner should possess in order to qualify for receiving a USAID/Haiti award; develop a list of criteria by which USAID/Haiti and the prime partner will jointly verify the recipient's readiness by the end of Year Two of the project.

    At a minimum, the list of capacities and qualities will include:
    - Legal Structure
    - Financial Management and Internal Control Systems
    - Procurement Systems
    - Human Resources Systems
    - Project Performance Management
    - Organizational Stability
    - Upper Management Commitment
    - Technical Capacity (ability) to implement proposed agendas

- Plan, develop and implement capacity building activities.

- Recommend and in consultation with USAID/Haiti, identify local partners (per approved SCBP) and implement SCBP.

The prime partner will work with each selected local partner to prepare it for a Non-U.S. Organization Pre-award Survey (NUPAS) and assist with the improvement of its organizational policies and procedures. If necessary, the prime partner will provide technical assistance to the local partner to rectify deficiencies identified in the NUPAS and ensure compliance with USAID/Haiti criteria.

By the end of Year Two of the HSD project, the prime partner will prepare a capacity building report (CBR) that will summarize the implemented capacity building activities, performance of the local partner as a sub-grantee, and confirm its readiness for a direct award from USAID/Haiti. The prime partner will propose to USAID/Haiti a plan for transiting the local partner from a sub-grant under the prime award to a direct award by USAID/Haiti and will work with relevant USAID/Haiti offices to implement this plan. USAID/Haiti funding of the direct award will be limited to $5,000,000 per local partner.

Illustrative activities to be implemented by a local partner:

- Provide direct support for health service delivery with special emphasis on maternal, newborn and child health; HIV/AIDS; family planning and reproductive health; and WASH through the institutionalization of key management and implementation practices at the facility and community levels.

- Incorporate quality improvement approaches, including compliance with standards for health service delivery, and capacity strengthening interventions, including the provision of continual training and support to health providers, strengthening referral systems at all levels, and ensuring an adequate supply of key commodities in line with MSPP policies.

- Address the needs reported by ASCPs for additional training, educational materials, commodities, and supplies to ensure they can fulfill their role in increasing demand for services, conducting targeted outreach, and providing basic services for family planning, HIV, antenatal and postnatal care, and infant and young child health, and ensure that ASCP training and supervision promotes and reinforces an integrated approach to behavior change communications (BCC) and service provision.

- Seek to improve and sustain lifesaving and basic critical care services by working with the departmental health authorities to achieve this milestone and also facilitate the participation of community leaders in addressing key health issues communities are facing, and support a full participatory and decentralized service delivery model as described by MSPP in its *Plan Directeur de Santé 2012-2022*.

- Disseminate HSD experience and promote best practices by aggregating local-level achievements to inform national level plans and programs. Promote forums for exchange and feedback on HSD project experience among GOH, MSPP, departments, and other donor organizations, to integrate best practices into implementation plans in alignment with: a) USG Strategic Frameworks and USAID/Haiti Country Development Cooperation Strategy, b) the 2012-2022 Government of Haiti National Strategic Plan, c) Haiti's priorities for the Sustainable Development Agenda; and e) Haiti's commitments to the Global Nutrition for Growth Compact.

• Conduct targeted information/public awareness campaigns promoting USAID/Haiti's health service delivery activities.

V. COLLABORATION WITH MSPP, LOCAL ORGANIZATIONS and USAID PARTNERS

The HSD project is expected to collaborate closely with MSPP at different levels (central, departmental and peripheral) during its lifetime. As the largest bilateral project of its health portfolio, USAID foresees the involvement of MSPP in HSD implementation as one of the key milestones that will demonstrate success and further align the project objectives to MSPP strategic goals and objectives as they may change over time to respond to emerging needs. The Awardee will consult health authorities while developing annual work plans and project activities. At the central level, there should be ongoing consultations with the UEP, UADS, DOSS, DFPSS, DPSPE, DSF, UCP and any other central directorate as technical circumstances require. Assistance to MSPP at the departmental level through the current SSQH project has become more effective by embedding program and financial officers in each departmental directorate to support routine and daily service delivery activities. This strategy strengthened collaboration and facilitated immediate and appropriate answers to specific issues each department has to manage to address public health priorities. However, the Awardee will present its own long term plan to collaborate and build the capacity of health departmental authorities to deliver quality health services to beneficiaries living in their respective districts.

Besides the HSD project, USAID has made significant investments in other health areas to strengthen the Haitian health system. The collaboration between HSD and other USAID-funded health projects should harmonize overall U.S. Government investment in the sector. As such, the Awardee will coordinate with projects in their intervention areas including: Leadership, Management and Governance project (LMG); Health Financing and Governance project (HFG); USAID Procurement and Supply Management projects (GHSC-PSM and GHSC-TA); Byen Èt ak Sante Timoun project (BEST); AKSYON and RANFOSE projects; External Verification projects (VRS); HIS project; REPARE project, and the SHOPS+ project. HSD will work with the HFG project to support USAID efforts pertaining to strengthen the health system to help achieve greater sustainability over the life of the project including, for example to promote the absorption of contracted health workers within the national system. In addition to the health projects, HSD should also leverage resources with other non-health USAID funded projects like Feed the Future and AVANSE that have activities in the same catchment areas.

The HSD Project will not be expected to undertake significant construction or renovations of health facilities within the HSD network; however, minor repairs may be carried out by the Implementer, with USAID approval. The Implementer will be expected to raise more significant renovation or repair needs of facilities within the HSD network to the attention of the USAID/Haiti Health Office, if these issues impede quality service delivery. USAID will then determine if significant funds exist to support these needs.

The Implementer of the HSD project shall reach out to key MSPP partners, including UN Agencies, and projects funded by other bilateral partners, like World Bank and Canada, to maximize the impact of its interventions. All high level donor coordination efforts will be initiated and undertaken by USAID; however, it is expected that the Awardee will develop

strong relationship with technical partners and will organize and/or coordinate working sessions to support elaboration of training curricula, knowledge and best practice sharing as well as implementation of evidence-based interventions at greater scale for better results. The development of innovative and decentralized service delivery models that are proven efficient and cost-effective will be critical to sustain provision of services and facilitate transfer of ownership progressively to the Government of Haiti as one overarching objective of this four year project. This level of coordination effort with key service delivery partners should be done in compliance with RIG national protocols and policies, and facilitate the use of opportunities and resources to deliver quality health services.

VI. GEOGRAPHIC SCOPE

Under its bilateral agreement the U.S. Government, through USAID, has committed to support delivery of basic primary health care services to a significant portion of the population in Haiti within a certain number of primary level facilities and hard to reach geographic regions, namely *Zones Ciblées*. For the past decade, the service delivery project has been implementing activities in all ten Departments targeting the most vulnerable people within their communities. However, as a direct consequence of the 2010 earthquake and, more recently, Hurricane Matthew, coupled with the ongoing political and economic crisis the country is facing, many families have moved from their hometowns to live in slums surrounding major cities looking for jobs and other opportunities. In addition to internal migration, many Haitians have emigrated to other Caribbean Islands, Dominican Republic (DR), the United States, Canada and, more recently, Brazil and Chile. These population movements have modified the size of the population covered by each health facility in its catchment area[19] and subsequently, have influenced the quantity of resources (personnel, commodities, etc.) needed to continue providing health services to beneficiaries.

USAID will engage with the MSPP to review the current network composed of 164 sites to assess whether the HSD project should maintain the current geographic focus or shift to align the facility and community components and focus more on the most populated and hard to reach areas to maximize impact. The *Zones Ciblées* will be reviewed together with the MSPP and USAID to determine whether the zones originally identified are still the highest need, as measured by available data on access to health services, morbidity and mortality.

It is envisioned, however, that the HSD project will continue to support the existing USAID PEPFAR priority sites and the 32 sites that are implementing the RBF strategy. Given the migratory flows between Haiti and the DR, it is also expected that the HSD project will identify and propose key health facilities in the border region that should be included in the geographic catchment areas. The Applicant should therefore propose a cost-effective, decentralized and flexible service delivery model for the selected geographic catchment areas. Among other strategies or tools a decentralized service delivery model could use mobile technologies, mobile clinics, rally posts, treatment groups for patients on ART and strengthen referral and counter-referral systems. The service delivery model should specifically include proposals for how to

[19] Institut Haïtien de Statistique et d'Informatique (IHSI). Population totale, de 18 ans et plus. Ménages et densités estimés en 2015. Mars 2015.

best ensure continuity of care for Haitians who migrate to the DR for work for several months at a time, including approaches such as multi-month HIV treatment provision for PLHIV. It is envisioned that, upon USAID request, the HSD project would be invited to participate in specific coordination meetings between the Dominican and Haitian health authorities to foster collaboration in the health sector, particularly along the border.

VII. MONITORING, EVALUATION AND REPORTING

The Implementer of the HSD project will collect data and submit quarterly and annual reports according to project work plans and the Performance Monitoring Plan (PMP). The PMP will include all required PEPFAR and Global Health indicators. Please note that the list of indicators may change over the life of the project and USAID/Haiti expects that the Implementer of the HSD project will make appropriate modification and revise the selected indicators as needed. The HSD Monitoring and Evaluation plan will be focused on providing essential information for effective technical oversight and project management. The number, kind and level of detail of the required reports will be determined with the Awardee soon after award of the HSD project.

VIII. GENDER, MARGINALIZED, AND VULNERABLE POPULATIONS

Implementing a gender equality approach is critical to mitigate structural and other gender inequalities. All HSD interventions shall employ a gender-sensitive lens to effectively tackle important issues like: equitable access to quality and friendly health services; empowerment and inclusion of women and girls in planned activities. The Awardee will coordinate with other USAID funded projects to leverage resources and opportunities to reach men and women, including people living with disabilities, with a comprehensive and holistic package of services. More specifically:

- The Applicant should describe approaches to ensure that women and men have equal opportunities to be selected and trained to work as ASCP; that women and men who complete the ASCP training and pass the exam have the same opportunity to get a contract, have the same payment mechanism; and have women being promoted to supervisory positions commensurate with men.
- Women's preference for a female health provider or ASCP in some communities can limit access to services. The Applicant should address how these preferences can be accommodated within the limitations of available HRH.
- Gender-based violence (GBV) is a critical issue for women and girls in Haiti and USAID has invested in stand-alone agreements to address rape and other forms of sexual violence. However, the health providers at HSD-supported facilities will see incidents of GBV and overall abuse and the Applicant should explain how the health care providers will respond at the clinical level specifically in reproductive health, and voluntary counseling and testing for HIV and STIs, and provision of post exposure prophylaxis.
- Encouraging men to access health services before they are ill is a challenge in Haiti, as in many countries worldwide. The Applicant should describe how it will address this reticence and encourage men to use HSD-supported services, including family planning services and screening for infectious diseases such as HIV and TB.
- HSD will be required to pay particular attention to marginalized and underserved groups.

For example, HSD shall ensure that all LGBTI individuals and people living with disabilities that seek care receive stigma free health services.

IX. INDICATORS TO BE REPORTED

In accordance with the reporting requirements in Section VII above, the Awardee will report on a subset of the F and PEPFAR indicators that can be found on the following websites:

1) http://www.state.gov/f/indicators/
2) http://www.pepfar.gov/reports/index.htm

USAID Washington and the State Department may update those indicators regularly, therefore, USAID/Haiti expects that the Implementer of the HSD project will make appropriate modification and revise the selected indicators as needed.

X. ENVIRONMENTAL COMPLIANCE REQUIREMENTS

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

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

An Initial Environmental Examination (IEE) **# LAC-IEE-17-36** has been approved for the Project funding this RFA. The IEE covers activities expected to be implemented under this Cooperative Agreement. USAID has determined that a **Negative Determination with conditions** applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this solicitation.

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

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

Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the recipient shall:

- Unless the approved Regulation 216 documentation contains a complete Environmental Mitigation and Monitoring Plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

- Integrate a completed EMMP or M&M Plan into the initial work plan.

- Integrate an EMMP or M&M Plan into subsequent Annual Implementation Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

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

Annex 1- Summary of mid-term SSQH Evaluation recommendations

Thematic Areas	Recommendations	Management Responses and Implications for HSD
Delivery of Health Services	Conduct a full needs assessment, including technical, management, and infrastructure to design a program and prioritize implementation. Utilize existing research and conduct additional audience assessments to improve service delivery and reveal barriers to accessing care. Prioritize the number of indicators required by the Awardee and, where possible, reduce the number.	Mid-term evaluation results have been discussed and approved by MSSP and are being prioritized to design HSD. The VRS partners have formulated recommendations based on their qualitative and quantitative verification exercises and these were integrated in the HSD design. To ensure that Applicants are familiar with all required indicators and knowing they are subject to change USAID shared the links for all F and PEPFAR indicators. However, the Awardee will report on a list of subset indicators that will be communicated by the management team of HSD.
	SSQH must engage with the GOH at the national and department levels to provide support to MSPP and its DDS in the delivery of health care services. The projects should also coordinate with the other USAID partners, such as the Procurement and Supply Management Project (PSM) and the social marketing and demand creation project under Strengthening Health Outcomes through the Private Sector (SHOPS) project. SSQH should ensure that facility stock rooms exist at each facility to meet basic standards and that supplies that need refrigeration are accessible to facility staff and ASCPs where electricity is not available.	USAID worked with SSQH to embed technical and financial advisors in all ten Departmental Directorates and the project Senior Management Team is collaborating closely with MSPP at the central level. Working sessions are regularly organized to foster the collaboration and alignment of project objectives to MSPP priorities. USAID is organizing monthly partners meeting to facilitate coordination among health projects and address issues that could undermine the delivery of health care services to targeted groups.

	Address the needs reported by ASCPs for additional training, educational materials, commodities, and supplies to ensure they can fulfill their role in increasing demand for services, conducting targeted outreach, and providing basic services for family planning, antenatal and postnatal care, and infant and young child health.	Through LMG USAID purchased materials and equipment for all ASCPs and SSQH is addressing training needs. The SHOPS project is working with MSPP, PSM and SSQH to ensure that ASCP have access to educational materials and appropriate commodities to perform duties. The Applicants shall conduct an assessment of materials and equipment available in USAID supported sites and submit a plan that support the continuity of this approach.
Quality Management of Health Services	SSQH facilities need intensive technical and management capacity building support and ongoing monitoring to ensure the quality of the data and the timeliness of reporting. To improve accuracy and on-time reporting, SSQH should work closely with sites to determine the main barriers that prevent reporting and design systems to address and reduce them, including conducting regular data reviews with facility staff.	Data quality issues and timeliness of reporting have been addressed and actually EQUIP, Palladium and SSQH are working with USAID to improve the health information system. Data clerks have been hired and assigned to sites to support data analysis and data review as well as the reporting system. The Applicants shall further propose innovative ways to improve accuracy of data and reporting system as the facility level and demonstrate our their approach will support SISNU.
Community Health Activities	Ensure that ASCP training and supervision promotes and reinforces an integrated approach to behavior change communications (BCC) and service provision.	MSPP has three regional training centers in the South, Central and North Departments that receive direct support from USAID. ASCP are trained in those centers in respect to their approved training curriculum which focuses on health promotion and behavior change communication. The MSPP had expressed the need to review the curriculum to include support to specific service delivery

		(family planning, ZIKA, Cholera, Immunization, etc.), and the Awardee will be ready to support that vision as stated in the program description.
Community Health Activities	Support the use of mobile clinics under SSQH to provide a full range of family planning methods in hard-to-reach areas. Record mobile clinic service statistics separately from other facility and/or community services in order to monitor the effectiveness of the approach	Jointly with MSPP SSQH has organized departmental mobile teams to provide family planning services to people living in hard to reach areas. In addition the project has deployed two additional mobile teams per departments to provide delivery of primary health care services at the community level. USAID foresees this decentralized approach being part of the overall implementation strategy of HSD.
Effectiveness and Efficiency	Be ready with a plan for providing "emergency" problem-solving, support, and capacity building when acute problems in service delivery or management occur.	It has been clearly stated in the program description that HSD will play a significant role in all USAID or USG coordinated response to any emergency situation that would affect the Haitian population.

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

Subject to funding availability, USAID intends to provide $98,500,000 in total USAID funding over a four (4) year period. Actual funding amounts are subject to availability of funds.

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

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

2. Start Date and Period of Performance for Federal Awards

The period of performance anticipated herein is four (4) years. The estimated start date will be upon the signature of the award, on or about.

3. Substantial Involvement

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

Elements of Substantial Involvement:

1. Approval of the Recipient's Implementation Plans

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

2. Approval of Specified Key Personnel

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

   - Chief of Party,
   - Deputy Chief of Party/Programs
   - Technical Director
   - Deputy Chief of Party/Finance and Administration

- Monitoring and Evaluation Director

3. Agency and Recipient Collaboration or Joint Participation

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

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

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

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

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

4. Agency Authority to Immediately Halt a Construction Activity

4. Title to Property

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

5. Authorized Geographic Code

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

6. Purpose of the Award

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

The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of

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

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

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

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

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

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

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

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

Applications will not be accepted from individuals.

2. Cost Sharing or Matching

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

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

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

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Marva Butler
Agreement Officer
USAID/Haiti
Port-au-Prince, Haiti
Email: mbutler@usaid.gov

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

Questions and Answers:

Questions regarding this NFO should be submitted in writing to Ms. Sandra Ricot with a copy to Ms. Marva Butler at the email addresses above no later than the date and time provided on the cover letter. Any information given to a prospective Applicant concerning this NFO will be provided to all other prospective Applicants as an amendment to this NFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

2. Content and Form of Application Submission

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

Preparation of Applications:

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

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

"Technical application under RFA-521-17-000014, submitted by: [name of Applicant organization]."

"Cost application under RFA-521-17-000014, submitted by: [name of Applicant organization]."

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

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

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

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

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

3. Application Submission Procedures

Applications must be submitted electronically via email to Sandra Ricot, with a copy to Marva Butler at the email addresses provided above, no later than June 30, 2017, 3:30PM Haiti time.

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

All applications received by the submission deadline will be reviewed for responsiveness to the NFO and the application format. No addition or modifications will be accepted after the submission date.

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

USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions.

4. Technical Application Format

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

The Technical Application, inclusive of the noted elements, should number a total of thirty (30) pages.

The 30-page technical application should be formatted as follows:

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

The technical application should include the following sections:

Cover Page (maximum 1 page)
Executive Summary (maximum 1 page)
Technical Approach (maximum 6 pages)
Implementation Plan (maximum 8 pages)
Personnel and Management Approach (maximum 8 pages)
Institutional Capacity and Past Performance (maximum 3 pages)
Local Capacity Development Approach (maximum 3 pages)

Annexes
Annexes provided as part of the Application are not included in the 30-page limit, and should include the following:

Key Personnel CVs (maximum 2 pages per person)
Recommendation Letters
Letters of Commitment

Cover Page (maximum 1 page)

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

Executive Summary (maximum 1 page)

The Executive Summary should summarize the key elements of the Applicant's technical application, including, but not limited to, the technical approach, the implementation plan for the full project period, the personnel and management approach, and any cost-sharing and/or public-private partnerships, if applicable.

Technical Approach (maximum 6 pages)

In the Technical Approach, Applicants must address the requirements of the project description including the objectives, interventions, indicators, expected results, and guiding principles. This

section should describe in detail the proposed technical strategy and approach and comprehensively address how the Applicant will successfully achieve the objectives outlined in the project description over the term of the activity. Applicants must provide a comprehensive yet concise summary of the proposed overall strategic and technical approach, including making sure to address the mandate for collaboration. This section must also set forth in sufficient detail the conceptual approach, methodology, and interventions, while demonstrating responsiveness to the Haiti context with regard to the health service delivery needs of the populations served.

Implementation Plan (maximum 8 pages)

The Implementation Plan is divided into two (2) subsections, as follows:

Implementation Plan Overview (maximum 4 pages)
Critical Questions on Activity Objectives (maximum 4 pages)

Implementation Plan Overview (maximum 4 pages)

The Implementation Plan should clearly outline links between the proposed results, conceptual approach, performance milestones, and a realistic timeline for achieving the activity results. Applicants will be expected to reflect their understanding of the health initiatives already being conducted in-country by the Government of Haiti (GOH), USG, other implementing partners, and other donors. This section must reflect the overall implementation strategy, and include benchmarks to track the progress of the capacity building interventions throughout the life of the activity.

Because of the changing country context, the Applicant must be able to respond proactively about how the Applicant will approach changes in the existing platform during the project period. This could include any adjustments made by the GOH to its health service delivery programming.

The Implementation Plan should include a description of all planned activities with sufficient detail including:

i. Sequence of activities;
ii. Timeframes for implementing each activity;
iii. Outcome of each activity;
iv. Impact on gender equality;
v. Sustainability plan

Using a tabular format, summarize main activities, objectives, indicators, and measurement methods. Succinctly explain how a particular set of activities will achieve a specific objective and how these results will be measured. Each table should contain the following:

i. Main results-oriented objectives that the activity will accomplish;
ii. Primary activities intended to achieve results for each stated objective;

iii. Examples of key indicators that will measure the results of each objective; and
iv. Methods that will be used to measure key indicators.

Critical Questions on Activity Objectives (maximum 4 pages)

It is also required that the Applicant respond to the following Critical Questions on Activity Objectives within the Implementation Approach. Responses should be provided to each of the following questions related to critical topics included in the objectives:

- *Accelerated implementation to maximize impact*

What practical steps would the Applicant take to ensure the project makes significant and measureable progress towards its objectives on an accelerated schedule? How would the Applicant maximize – and measure – the impact of project impact within the catchment area of the project service delivery sites? As specifically as possible, describe the estimated number of beneficiaries the Applicant anticipates will be reached with health services through proposed approaches to achieve maximum coverage of services and impact on health outcomes.

- *Leadership and partnership*

How would the Applicant effectively manage the transition of 164 sites from the current SSQH award holder into the life of the HSD award implementation and the transition of selected sites to MSPP over the course of the award? How would the Applicant efficiently oversee the massive service delivery component of HSD across Haiti as outlined in the project description? How would the Applicant build a partnership with MSPP to ensure buy-in and increasing MSPP ownership towards project activities over the life of the award?

- *Quality Improvement (QI) / Quality Control (QC) systems and processes*

How would the Applicant ensure effective quality improvement and quality control systems and processes are central to the credibility and sustainability of the health services delivery programs? How would the Applicant ensure QI/QC is implemented in the most responsible and effective way possible?

- *Establish Sustainable Partnerships*

How would the Applicant demonstrate its ability to establish sustainable partnerships with focus on the set-up of partnerships with local organizations and other stakeholders for constructive working relationships that maximize project output and leverage resources to contribute to project objectives?

- *Identify key challenges and discuss possible interventions*

What viable measures would the Applicant institute to ensure that key challenges are identified and effectively managed especially in light of social and political sensitivities?

- *Approach to innovation and learning*

  How would the Applicant demonstrate its capacity to implement innovative approaches, efficiently and effectively throughout Haiti, using effective approaches previously implemented in Haiti, and through adapting proven approaches from other countries and settings, and by leveraging government, civil society and/or private sector capacity?

Personnel and Management Approach (maximum 8 pages)

The Personnel and Management Approach is divided into two (2) subsections, as follows:

Management Plan (maximum 4 pages)
Staffing Plan and Key Personnel (maximum 4 pages)

Management Plan (maximum 4 pages)

In the Management Plane, the Applicant should demonstrate capacity in management, planning, and implementation of project activities and provide a clear description of how the cooperative agreement will be managed, including the approach to addressing potential problems. Applicants should include a comprehensive management plan that demonstrates the Applicant's ability to effectively develop and manage a successful flagship activity that operates in both the public and private sectors, and functions in highly sensitive situations.

The Applicant should articulate the roles and responsibilities of all key stakeholders, differentiating the Applicant versus proposed sub-awarded implementer(s), and the Home Office versus field-based staff. If the Applicant proposes sub-awarded implementer(s), briefly describe the method of identifying these sub-partners indicating whether or not they have existing relationships with these other organizations and the nature of the relationship. If the proposed management plan includes partners, the Applicant should demonstrate experience leading an effective partnership.

In the event of two or more organizations applying together, USAID prefers a well-defined prime and sub-recipient relationship. Consortiums without a clear hierarchy and delineation of authority among members are discouraged.

The Management Plan should:

i. Describe how the activity would be organized to use the complementary capabilities of all sub-recipients and/or partners most effectively and efficiently;
ii. Include the roles and responsibilities of each sub-recipient and/or partner;
iii. Include lines of authority and communication among the prime and all proposed sub-recipients and/or partners in order to maximize efficiency and best utilize technical expertise/strengths of each partner;
iv. Specify the composition and organizational structure of the entire project team (including sub-recipients/partners) and describe the role of each staff member

named under Key Personnel as well as technical expertise, and estimated amount of time he or she will devote to the activity.

Staffing Plan and Key Personnel Positions and Qualifications (maximum 4 pages)

Applicants are requested to develop a comprehensive staffing plan to accomplish the objectives and expected results and outcomes of the HSD activity. The plan should demonstrate an appropriate balance of skills, expertise, and efficiency. Applicants should specify the qualifications and abilities of proposed personnel relevant to the successful implementation of the proposed technical approach and objectives of this program. Applicants should choose a staffing structure and highlight the additional qualifications of key staff based on the Applicant's proposed technical and management approach.

The Applicant should also indicate its strategy to retain Key Personnel throughout the life of the activity (especially the Chief of Party), as well as its contingency plan in the event any of the Key Personnel leaves the activity.

The Staffing Plan should also:

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

Key Personnel positions and minimum qualifications are shown below. Resumes for all Key Personnel and any additional information for all other proposed personnel should be included in an Annex to the Application.

Chief of Party (COP): The Chief of Party (COP) is expected to be responsible for the overall planning, implementation and management of the performance of the project and to provide vision and strategic leadership as well as to establish the administrative and technical oversight framework to monitor and assure progress toward the achievement of the goals and objectives. The COP has the responsibility for coordination with USAID, and to ensure coordination among relevant USAID-funded projects and other relevant donor and NGO-sponsored activities. The COP provides guidance to senior technical staff, ensures the responsiveness and quality of all project work, and leads efforts to collaborate and coordinate with the Government of Haiti (GOH). The COP is intended to be a seasoned health-sector professional, thoroughly familiar with the current and historic Haiti health service delivery sector. He/she will serve as the institutional liaison and will be responsible for the design of interventions to support the capacity development of local organizations and service providers, to promote awareness and behavior change in the Haiti-wide health communities targeted by this project.

The Chief of Party is expected to have:

- An advanced graduate degree, Master's degree or higher, ideally in health/behavioral science and policy, health policy, community health services, public health, business administration, governance, or related area;
- Proven experience as COP in the administration of similar-sized international donor support programs with skills in strategic planning, management, supervision and budgeting in Africa, the Middle East or the Caribbean;
- Proven ability to communicate a common vision among diverse partners and the ability to lead multi-disciplinary teams;
- Evidence of strong communication skills, both oral and written, to fulfill the diverse technical and managerial requirements of the agreement;
- Minimum of 12 years professional experience, with progressively increasing responsibilities and duties, in the health sector, and successful implementation of projects, including health service delivery, technical assistance, local governance, private sector capacity building for improvement of health services, and/or behavior change communications. Experience managing a high-pace multi-disciplinary team to achieve development results;
- Minimum of 8 years of experience in managing donor-funded projects from design to implementation to completion in developing countries preferably with some of the experience in Haiti;
- Minimum of 3 years preferred experience in the management of a results-based financing program in public health;
- Required fluency in English and French; working knowledge of Haitian Creole is highly desired;
- Knowledge of Haiti health sector issues preferred.

Deputy Chief of Party/Programs (DCOP/Programs): The Deputy Chief of Party/Programs, recommended as local staff, is expected be responsible for the internal team management as well as provide overall strategic leadership support to the COP.

The Deputy Chief of Party is expected to have:

- A minimum of a Master's Degree, ideally in Administration or related area (exceptional relevant experience, which includes a minimum of 15 years managing the implementation of development assistance programs may be considered in lieu of an advanced degree);
- Minimum of 8 years of experience working in the health sector and successfully managing a fast pace multi-disciplinary team to achieve development results;
- Minimum of 3 years of experience in managing donor-funded projects from design to implementation to completion in developing countries preferably with some of the experience in Haiti;
- Minimum of 3 years preferred experience in the management of a results-based financing program in public health;
- Required fluency in French and English;
- Working knowledge of Haitian Creole is highly desired.

Technical Director: The Technical Director, recommended as local staff, has a direct oversight role in the quality of technical direction that activities take, administration and

management of technical service planning throughout the activity lifetime, and addressing ad hoc technical challenges related to health services throughout the activity.

The successful candidate for the position is expected to have:

- A minimum of a Master's Degree, ideally in Public Health or related area (exceptional relevant experience, which includes a minimum of 15 years managing the implementation of development assistance programs may be considered in lieu of an advanced degree);
- Minimum of 8 years of experience working in the health sector and successfully managing a fast pace multi-disciplinary team to achieve development results;
- Minimum of 3 years of experience in managing donor-funded projects from design to implementation to completion in developing countries preferably with some of the experience in Haiti;
- Minimum of 3 years preferred experience in the management of a results-based financing program in public health;
- Required fluency in French and English;
- Working knowledge of Haitian Creole is highly desired.

Deputy Chief of Party/Finance and Administration (DCOP/Finance and Administration): The Deputy Chief of Party/Finance and Administration (DCOP/Finance), recommended as local staff, manages the finance activities of the project and also supervises the procurement, finance, human resources, and administrative staff, and ensures that adequate and appropriate internal controls are in place in compliance with USAID policies and procedures to meet generally recognized accounting standards. The DCOP/Finance and Administration manages all bookkeeping, bank accounts and cash flow, and manages project funds for appropriate execution of the project. The DCOP/Finance and Administration also has the responsibility to track project expenses and to prepare monthly financial reports and annual budget projections. He/she manages the financial and administrative aspects of all sub-agreements under the project as well as managing all financial aspects of the project. The incumbent shall serve as the principal point of contact to USAID in these areas.

The Deputy Chief of Party/Finance and Administration is expected to have:

- A minimum of a Master's Degree, ideally in Finance, Business Administration, Procurement, or related area (exceptional relevant experience, including a minimum of 15 years managing the implementation of development assistance programs may be considered in lieu of an advanced degree);
- Minimum of 7 years of progressively responsible work experience in managing large grants with international health NGOS and/or PVOs, preferably in the Caribbean;
- Strong understanding and experience with USG acquisition and assistance instruments, policies and procedures and requirements;
- Minimum of 8 years of experience working in the health sector and successfully managing a fast pace multi-disciplinary team to achieve development results;

- Minimum of 3 years of experience in managing large multi-million dollar US Government and/or donor-funded projects from design to implementation to completion in developing countries, preferably with some of the experience in Haiti;
- Minimum of 3 years preferred experience in the management of a results-based financing program in public health;
- Required fluency in French and English;
- Strong oral and written communication and presentations skills in French and English;
- Working knowledge of Haitian Creole is highly desired.

Monitoring and Evaluation Director: The Monitoring and Evaluation Director, recommended as local staff, is expected to be responsible for the overall management and technical oversight of the monitoring, evaluation, learning support and research efforts for the project. S/he shall develop monitoring, evaluation and reporting (MER) systems that include appropriate indicators, baseline data, targets and a plan to evaluate performance and produce timely, accurate and complete reporting.

The Monitoring and Evaluation Director has the responsibility for designing and implementing monitoring and evaluation systems, information analysis, capacity strengthening, and development of program management plans and project monitoring plans, and for collaborating with other M&E components within the project, and to have:

- An advanced degree in research methods, statistics, biostatistics, quantitative/qualitative data analysis, public health, social/behavioral sciences, or other relevant medical or health discipline;
- Minimum of 10 years working on monitoring, evaluation and research in the field of public health, HIV/AIDS, maternal and child health, family planning, and other infectious disease programs, as well as knowledge of monitoring results-based financing programs;
- Minimum of 5 years of experience in collecting, analyzing, and managing donor funded project data of health projects;
- Familiarity with USG administrative, management and reporting procedures and systems;
- Strong oral and written communication and presentations skills in French and English;
- Working knowledge of Haitian Creole is highly desired.

Past Performance (maximum 3 pages)

All Applicants will be subject to a past performance review for demonstrated successful past performance in previous and/or existing projects. Past performance information must be provided and should relate to the specific technical nature of the HSD activity. Applicants should provide information on their most recent three (3) related projects, and demonstrate experience and success in implementing comparable activities in terms of scope, magnitude, and complexity. The Applicant should describe lessons-learned during these past experiences and how these lessons-learned informed their proposed technical approach. Additionally, if sub-

awarded implementer(s) are proposed, this same information should be provided related to their past experiences. Applicants are strongly encouraged to provide examples of significant impact of their past projects.

Local Capacity Development Approach (maximum 3 pages)

Applicants are requested to create a plan to develop local partners within an enabling environment so as to implement HSD activities on a sustainable basis. The Applicant should describe their ability to build the capacity of local partners to ensure sustainability of HSD accomplishments and best practices and to create a network of local partners capable of assuming ownership of both activities and results.

With regard to these local capacity development activities, USAID/Haiti intends that the prime recipient will identify a minimum of three (3) local partners and prepare them to graduate or transition to direct agreements with USAID during Year Three of the HSD project. In order to effect the graduation of the local partner(s), it is required that the Applicant conduct appropriate assessments, including utilizing the Organizational Capacity Assessment (OCA), and work with USAID/Haiti to identify and prepare the local organizations.

To prepare the local partners to graduate to direct agreements from USAID/Haiti, during the first two years of HSD implementation, the Applicant (as prime partner) is expected to perform at least the following activities:

- Develop a selection and capacity building plan (SCBP) for at least three (3) local organizations that will be prepared to receive a direct award from USAID/Haiti;
- Develop a meaningful agenda that will be implemented by the local partner as part of the HSD PD initially under a sub-grant awarded by the prime partner and later under a direct award from USAID/Haiti;
- Conduct analysis of existing local partners and recommend to USAID/Haiti the selection of at least three (3) local partners from the pool of existing local partners, or identifying at least three (3) new organizations;
- Jointly with USAID/Haiti, develop a comprehensive list of capacities and qualities that the local partner should possess in order to qualify for receiving a USAID/Haiti award;
- Develop a list of criteria by which USAID/Haiti and the prime partner will jointly verify the recipient's readiness by the end of Year Two of the project. At a minimum, the list of capacities and qualities will include: legal structure; financial management and internal control systems; procurement systems; human resources systems; project performance management; organizational stability; upper management commitment; technical capacity (ability) to implement proposed agendas; and, plan, develop and implement capacity building activities;
- Develop a process, jointly with USAID/Haiti, to select at least three (3) local partners or establish at least three (3) new organizations (per approved SCBP) and implement SCBP;
- Develop a plan to work with each selected local partner to prepare it for a Non-U.S. Organization Pre-award Survey (NUPAS) and assist with the improvement of its

organizational policies and procedures. As necessary, provide technical assistance to the local partner to rectify deficiencies identified in the NUPAS and ensure compliance with USAID/Haiti criteria. By the end of Year Two of the HSD project, the prime partner will prepare a capacity building report (CBR) that will summarize the implemented capacity building activities, performance of the local partner as a sub-grantee, and confirm its readiness for a direct award from USAID/Haiti. The prime partner will propose to USAID/Haiti a plan for transiting the local partner from a sub-grant under the prime award to a direct award by USAID/Haiti and will work with relevant USAID/Haiti offices to implement this plan. USAID/Haiti funding of the direct award will be limited to $1,000,000 per local partner.

Illustrative tasks to be implemented by a local partner are contained in the program description.

5. Cost Application Format

The Cost Application must be submitted in a separate email from the technical application, and should contain the budget categories as shown on the SF-424A, found on www.grants.gov.

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

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

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

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

The budget should be submitted as an excel spreadsheet will all cells and formulas visible and un-locked that includes a summary budget (in US dollars) and a detailed/itemized budget (in US dollars). The budget narrative must be in Word, text accessible.

2. A budget for each program year with an accompanying detailed budget narrative which provides in detail the total costs for implementation of the program.

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

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

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

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

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

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

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

iii. A copy of the most recent Negotiated Indirect Cost Rate Agreement (NICRA) if the organization has such an agreement with an agency of the U.S. Government. If the organization does not have a NICRA, the following should be submitted as a substitute:

- **Reviewed financial statements** that provide the user with comfort that, based on the accountant's review, the accountant is not aware of any material modifications that should be made to the financial statements for the statements to be in conformity with the applicable financial reporting framework. During a review engagement, the Accountant obtains limited assurance that there are no material modifications that should be made to the financial statements. Therefore, the objective of a review of the financial statements is to obtain limited assurance that there are no material modifications that should be made to the financial statements. A review does not contemplate obtaining an understanding of the entity's internal control; assessing fraud risk; testing accounting records; or other procedures ordinarily performed in an audit. The CPA issues a report stating the review was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation.

- **Audited financial statements** that provide the user with the auditor's opinion that the financial statements are presented fairly, in all material respects, in conformity with the applicable financial reporting framework. In an audit, the auditor is required by auditing standards generally accepted in the United States of America (GAAS) to obtain an understanding of the entity's internal control and assess fraud risk. The auditor also corroborates the amounts and disclosures included in the financial statements by obtaining audit evidence through inquiry, physical inspection, observation, third-party confirmations, examination, analytical procedures and other procedures. The auditor issues a report that states that the audit was conducted in accordance with GAAS, the financial statements are the responsibility of management, provides an opinion that the financial statements present fairly in all material respects the financial position of the company and the results of operations are in conformity with the applicable financial reporting framework (or issues a qualified opinion if the financial statements are not in conformity with the applicable financial reporting framework. The auditor may also issue a disclaimer of opinion or an adverse opinion if appropriate).

The proposal should not include:

Compiled financial statements shall not be accepted because the Accountant does not obtain or provide any assurance that there are no material modifications that should be made to the financial statements. That is, you have no assurance that the organization is misrepresenting their costs on compiled financial statements which puts the agency at risk.

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

The business section of the cost application should include:

1. Required assurances, certifications and representations

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

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

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

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

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

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

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

4. Statutory and Regulation Certifications

The Applicant shall complete the following required certifications:

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

2. Certification Regarding Lobbying (22 CFR 227);

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

4. Certification Regarding Terrorist Financing;

5. Certification Regarding Trafficking in Persons; and

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

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

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

9. Other Statements of Recipients.

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

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

6. Other Submission Requirements

Dun and Bradstreet and SAM.gov Requirements

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

a. Be registered in SAM before submitting its application;

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

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

Potential Request for Additional Documentation

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

The information submitted should substantiate:

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

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

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

7. Funding Restrictions

Pursuant to 2 CFR 200.400, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (2 CFR 200/700, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations), may be paid under the Cooperative Agreement.

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

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

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

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

2. Review and Selection Process

A. Technical Evaluation

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

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

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

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

Technical Approach-

The extent to which the Applicant proposes a technical approach that comprehensively addresses the core objectives that will be achieved, provides a clear and concise description of the technical strategy and methodology, demonstrates a clear understanding of the objectives, and incorporates appropriate interventions, indicators, and expected results; and, the extent to which the technical approach is ***logical, feasible, and convincing.***

Implementation Plan

Implementation Plan Overview: The extent to which the Applicant describes a credible and feasible approach to implementation, including strategy, sequencing of activities and timeframes for implementing each activity; clearly outlines linkages between the proposed results and the conceptual approach; and, clearly articulates how the proposed implementation approach is sustainable and impactful.

Critical Questions on Activity Objectives: The extent to which the Applicant provides realistic, innovative, sustainable and insightful responses to the specified questions on the objectives.

Personnel and Management Approach

Management Plan- The quality of the management plan, which clearly explains the roles and responsibilities of all key stakeholders, differentiating the role of the prime versus proposed sub-awarded implementer(s), and demonstrates the ability to effectively develop and manage the proposed program outlined in the technical approach, and experience leading an effective partnership or consortium if the proposed in the management plan.

Staffing Plan and Key Personnel- The extent to which the Applicant demonstrates an understanding of the program description as evidenced by the overall staffing plan and staffing structure, including clear lines of communication and responsibility; and provides ***quality, experienced and suitable*** Key Personnel, including professional competence, academic background, interpersonal skills, management capacity, political astuteness, as well as demonstrated knowledge and ability to successfully and effectively implement the proposed activity.

Past Performance

The extent to which the Applicant demonstrates successful past performance in previous and/or existing projects. The past performance review will take into account the following:

- Demonstrated successful experience in managing and implementing similar programs, in size and scale
- Timeliness of performance, cost, and scope
- Articulated lessons learned during past experiences and how lessons-learned informed proposed technical approach.
- The quality of performance demonstrated by the applicant based on references provided by the applicants and other references as determined by USAID
- Experience in working with a broad range of sub-grantees including but not limited to government entities, registered organizations, community based organizations and informal groups and networks.

Local Capacity Development Approach

The extent to which the Applicant presents a clear, comprehensive and sustainable plan to

build the capacity of local partners in preparation for a USAID Transition Award, and outlines an approach that ensures local partners are selected appropriately, adequately trained, effectively utilized in the implementation of the HSD activity and fully prepared to meet USAID compliance regulations.

B. Cost Evaluation

All evaluation factors other than cost or price, when combined, are significantly more important than cost. While cost is less important than technical and is not weighted, the cost applications of the apparently successful technical applications will be reviewed for cost effectiveness, including the level of proposed cost share. Cost estimates will be analyzed, and may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

The application with the lowest estimated cost may not be selected if award to a higher priced technical application offers a greater overall benefit for the program. Estimated cost is an important factor and the estimated cost to the Government increases in importance as competing applications approach equivalence and may become the deciding factor when technical applications are approximately equivalent in merit. Cost share may also be used to break ties among applications with equivalent scores after evaluation against all other factors.

Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application. In addition, the organization must demonstrate adequate financial management capability, to be measured for a responsibility determination.

Cost Sharing

USAID has established a suggested cost share of 5% of the Award's projected value of $98,500,000 for the recipient of the award. Cost share may be used to break ties among applications with equivalent scores after evaluation against all other factors. Leveraged non-USAID resources from private firms and institutions (such as equipment, training, level of effort and any in-kind contributions) may be considered part of cost share. Cost sharing may be also demonstrated either through direct funding, beneficiary contributions, in-kind assistance, or a combination thereof. USAID shall make the final determination and assess whether or not the Applicants cost share contributions (e.g. categories or items) meet the standards set in 2 CFR 200.306.

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

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

2. Administrative & National Policy Requirements

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

3. Reporting Requirements.

Financial Reporting

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

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

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

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

Performance Reporting

- **Annual Implementation Plans:** The implementation plans for all USAID/Haiti Health Office activities are aligned with the USG Fiscal Year Calendar (October 1 to September 30). The Recipient will submit its first implementation plan to the AOR for approval within 30 days of Award. The first implementation plan will cover the period from the start date of the Award until the end of the first USG Fiscal Year of the Activity – therefore the first implementation plan may cover less than twelve months depending on the date of Award. The AOR will provide comments within 20 working days to the Recipient and the Recipient will have 15 working days to respond and make all requested changes, after which the AOR will provide final approval within 15 working days.
    - All subsequent implementation plans will be submitted to the AOR no later than 1 September and will cover an entire Fiscal Year, i.e. October 1 to September 30. The AOR will provide comments within 20 working days to the Recipient and the Recipient will have 15 working days to respond and make all requested changes, after which the AOR will provide final approval within 15 working days. All implementation plans must be developed in cooperation with the AOR, other USAID/Haiti Health Activities, other relevant USAID/Haiti activities, donor programs, the MOH, the HPC, local leaders, beneficiary communities, and all other relevant stakeholders as designated by the AOR.

- **Performance Monitoring Plan (PMP):** The PMP will include all required PEPFAR and Global Health indicators. Given that the list of indicators may change over the life of the project, USAID/Haiti expects that the Implementer of the HSD project will make appropriate modification and revise the selected indicators as needed. The HSD Monitoring and Evaluation plan will be focused on providing essential information for effective technical oversight and project management. The number, kind and level of detail of the required reports will be determined with the Awardee soon after award of the HSD project.

- **Activity Monitoring and Evaluation (AMEP Plan**): The Recipient will submit to the AOR a life of project AMEP Plan covering the full implementation period within 30 days of the Award (with the submission of the first implementation plan) that include Performance Indicators for the first year and for the Life of the Project (LOP). For all subsequent years of operation, the Recipient will modify the AMEP to align with the annual implementation plan, if required by the AOR. The AOR will then provide comments within 20 working days to the Recipient and the Recipient will have 15 working days to respond and make all requested changes, after which the AOR will provide final approval within 15 working days.

- **Quarterly Progress Report:** Quarterly reports will summarize the following: program highlights, achievements, and major activities; budget information; problems encountered, proposed remedial actions and impact achieved against the objectives. The Recipient shall submit an electronic copy of a performance report to the AOR. The performance reports are required to be submitted quarterly (30 calendar days after the quarter). Please refer to 2 CFR 200.328 (b) (1). Along with the quarterly progress report, the Awardee will provide one

success story (*Telling Our Story*) from its program. Success stories should be no more than one page. In addition, reporting will also be done through the mission's online performance monitoring system, which is currently Dev Results.

- **Annual Reports:** The annual report shall be submitted within 90 calendar days after the reporting period the end of the first full USAID fiscal year and annually thereafter for each authorized year of performance. The Annual Performance Report shall follow the same format as the quarterly report, but with additional focus on cumulative accomplishments, progress and problems toward achievement of results, performance measures, indicators and benchmarks tied to the Annual Work Plan and the AMEP targets, for the quarter and the entire previous fiscal year, which runs from October 1-September 30.

- **Final Program Report:** The Recipient shall submit the original and one copy to FMO, the Agreement Officer (if requested), the AOR, and to the Development Experience Clearinghouse (DEC). Submission instructions to DEC can be found at: http://dec.usaid.gov.

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

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

    - **Outreach and Communication Strategy**: A communication and outreach strategy shall be developed on an annual basis and incorporated as a section of the Annual Implementation Plan. The strategies will include the overall communication message of the program, as set forth in the Branding and Marking Plan. The annual strategies must also focus on opportunities for USG visibility through the components of the project in terms of branding and marking but also with regard to events and other direct engagements. The project offers opportunities for signing ceremonies, graduation ceremonies and engagement with the NGOs and their target audiences throughout the course of the project. The strategy must ensure the use of traditional and social media.

See 2 CFR 700.16 or, for non-U.S. organizations, see the provision entitled "Marking and Public Communications Under USAID-Funded Assistance". The Recipient must comply with the requirements of the USAID "Graphic Standards Manual" available at www.usaid.gov/branding, or any successor branding policy.

- **Other Requirements**

Development Experience Clearinghouse Requirements

The Recipient shall be required to submit any technical reports produced under this program, in English, to USAID's Development Experience Clearinghouse (DEC) according to the instructions found at https://dec.usaid.gov/dec/content/submit.aspx

Foreign Tax Reports

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

Geographic Data Reporting Requirements

- Activity Location Data (coordinates): The Awardee shall submit Activity Location Data which indicates the geographic location(s) where an activity is implemented. If Activity Location Data exists in a Geographic Information System (GIS) data format, it shall be submitted in accordance with the Geographic Data formatting requirements outlined in the below standards. Activity Location Data shall be submitted as part of the quarterly reports.

- Geographic Data Standards:
    - Geographic Data must be submitted in industry standard formats such as Shapefile (.shp) or GeoTIFF, or in a File Geodatabase.
    - Geographic Data must be projected to the Geographic Coordinate System World Geodetic System 1984 (GCS WGS 1984). All data must use the World Geodetic System 1984 (WGS 1984) datum.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

The Point of Contact for questions is Sandra Ricot. Questions should be submitted via email to sricot@usaid.gov, with a copy to mbutler@usaid.gov by the deadline on the cover page of this NFO.

[END OF SECTION G]

SECTION H—OTHER INFORMATION

1. Funding

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

2. DevResults Haiti

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

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

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

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

- A/COR validates data entered by partners.

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

[END OF SECTION H]
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