ATTACHMENT 02 – REVISED APS 72065623APS00001/001

Amendment 01 issued: **September 20, 2023**

Second Round of Questions submitted: **October 2, 2023 5:00 pm (Maputo time)**

Closing Date and Time for Concept Papers: **October 31, 2023, 11 am (Maputo time)**

Subject: Annual Program Statement (APS) 72065623APS00001

Program Title: USAID Improved Maternal, Newborn, Child Health, Immunization and Nutrition Activity

Federal Assistance Listing Number: 98.001

Dear Prospective Applicants:

The United States Agency for International Development (USAID) Mission in Mozambique is seeking concept papers from qualified applicants for the **USAID Improved Maternal, Newborn, Child Health, Immunization and Nutrition Activity**. This Annual Program Statement (APS) publicizes the intention of the United States Government (USG), as represented by the United States Agency for International Development (USAID)/Mozambique, Integrated Health Office (IHO), to fund one or multiple awards to address the overarching APS program purpose. The purpose of this activity is to accelerate reductions in maternal, newborn, and child mortality and morbidity in high-burden regions of Mozambique by increasing the capacity of host country institutions, including local organizations, to improve access, quality, and sustained use of evidence-based maternal, newborn, and child health (MNCH) services, including routine immunization and nutrition services, as well as, promoting optimal MNCH, child development, and nutrition behaviors and practices.

This principal APS document outlines the goal, purpose, expected results, and priorities of the USAID/Mozambique Improved Maternal, Newborn, Child Health, Immunization and Nutrition Program and may result in none, one or multiple awards.

USAID is committed to engaging and working with local development partners to embrace their ideas on how to address sustainable development in Mozambique. Local partners are strongly encouraged to submit concept papers in response to one or more Results within this APS. Further guidance on how to apply as an individual organization or part of a consortium can be found in Section D.

The focus of this APS is to seek local and international development partners to proactively engage and, in some cases, collaborate and co-create to seize opportunities and solutions to implement the programmatic areas identified in the APS. Innovative ideas that seek to disrupt the status quo and

accelerate health gains are welcome. Prospective local and international Applicants will be provided a fair opportunity to develop and submit a competitive concept paper to USAID for potential funding by the closing dates indicated in the APS.

Prospective Applicants will be provided a fair opportunity to develop and submit competitive concept papers to USAID/Mozambique for potential funding under this APS. The issuance of this APS calls for Applicants to first submit a short concept paper that will be reviewed for responsiveness to the overall purpose and all or a selection of the Results, and then scored according to the evaluation criteria. If an Applicant is successful in the concept paper stage, Applicant representatives may be invited to join a co-creation workshop. Following the co-creation process, selected Applicants (individual organizations and/or consortia developed at concept paper stage or during co-creation) may be requested to submit a full application, the content and format of which will be provided in greater detail by the Agreement Officer (See more details in "merit criteria" section) . USAID reserves the right to fund any or none of the concept papers or applications submitted in response to this APS. Issuance of this APS does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for any costs incurred in preparation or submission of the concept paper, comments/suggestions, or the application. USAID also reserves the right to not conduct a co-creation workshop and request full applications from successful Applicants at concept paper stage.

The APS and any future amendments (posting questions and answers from interested parties or any other changes to the overall APS document), as well as any future addenda to this APS will be posted on www.grants.gov . It is the responsibility of the applicant to download the full APS document through the web page mentioned above. USAID bears no responsibility for data errors resulting from transmission or conversion processes. Please send any questions to the points of contact listed 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.

~~USAID/Mozambique will hold a pre-application conference on the date shown above. Should you intend to participate in the aforementioned conference, please provide the names and email address of the individuals that will represent your organization to the points of contact identified in Section D, no later than **August 22, 2023, at 04 pm (Maputo time).**~~

Issuance of this notice does not constitute a binding commitment on the part of the U.S. Government, nor does it commit the U.S Government to pay for costs incurred in the preparation and submission of any concept papers, engagement, collaboration, co-creation, or full applications. USAID reserves the right to fund any or none of the applications submitted under this APS.

Thank you for your interest in USAID programs.

Sincerely,

Patrice Lopez
Digitally signed by Patrice Lopez
Date: 2023.09.20 17:20:49 +02'00'

Patrice Lopez
Agreement Officer
Office of Acquisition & Assistance

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ACRONYM TABLE

ADS - Automated Directives System
AO - Agreement Officer
AOR - Agreement Officer's Representative
APS - Annual Program Statement
BEO - Bureau Environmental Officer
CA Cooperative Agreement
CFR - Code of Federal Regulations
~~DUNS - Data Universal Numbering System~~
EA - Environmental Assessment
ECD - Early Childhood Development
FP - Family Planning
GH - Global Health Bureau
GNI - Gross National Income
HIV - Human Immunodeficiency Virus
HTSP - Healthy Timing and Spacing of Pregnancy
IEE - Initial Environmental Evaluation
IR - Intermediate Result
IYCF - Infant and Young Child Feeding
LARC - Long-Acting Reversible Contraceptives
LMIC - Low- and Middle- Income Countries
MDGs - Millennium Development Goals
MEL - Monitoring, Evaluation, and Learning
MNCH - Maternal, Newborn, and Child Health
MNCHI - Maternal, Newborn, and Child Health and Immunization
MNCHI+N - Maternal, Newborn, Child Health, Immunization, and Nutrition
MOV - Missed Opportunities for Vaccines
MRC - Merit Review Committee
NGOs - Non-Governmental Organizations
PEPFAR - President's Emergency Plan for AIDS Relief
RCE - Request for Categorical Exclusion
RH - Reproductive Health
RI - Routine Immunization
SBC - Social and Behavior Change
SAM - System for Award Management, Registration, Renewal, & Migration
SDGs - Sustainable Development Goals
STA - Supportive Technical Assistance
UEI - Unique Entity Identifier
USAID - United States Agency for International Development
USG - United States Government
WASH - Water, Sanitation, and Hygiene
WHO - World Health Organization

USAID IMPROVED MATERNAL, NEWBORN, CHILD HEALTH, IMMUNIZATION AND NUTRITION ACTIVITY[1]

SECTION A: PROGRAM DESCRIPTION

Statement of Purpose

The U.S. Agency for International Development (USAID) Mission to Mozambique is pleased to announce the USAID Improved Maternal, Newborn, Child Health, Immunization and Nutrition (MNCHI+N) Annual Program Statement (APS). MNCHI+N seeks not only to accelerate reductions in preventable maternal, newborn, and child morbidity and mortality in geographic focus areas of Mozambique, but to improve the health and nutritional status of women, children under five, and youth. The proposed Activity will take advantage of opportunities in the health sector to enhance the Mission's relationship with the government of Mozambique (GRM) as well as engage with the private sector and civil society for improved MNCHI+N. In alignment with USAID's ambitious Localization Agenda, this Activity will prioritize leadership and capacity strengthening across the GRM and local organizations to achieve and consolidate quality MNCHI+N promotion of healthy behaviors and service provision at facility and community levels. The MNCHI+N Activity builds on Mozambique's health and development progress to date through diversified capacity and system strengthening to ensure quality, integrated, and comprehensive MNCHI+N throughout the continuum of care. USAID will build on previous projects high impact practices and evidence-based interventions to ensure elevated and sustained quality service provision in northern and/or central Mozambican provinces with consistently poor health indicators. Moreover, through the potential of this APS process, USAID seeks partners with which to co-create novel and innovative ideas for accelerated and sustained MNCHI+N gains.

[1] For the purpose of this APS, USAID refers to this prospective Activity as "Improved Maternal, Newborn, Child Health, Immunization, and Nutrition" (MNCHI+N). Applicants are encouraged to propose a new project name aligned with their proposal.

A.1 Background

Mozambique is a low income, sparsely populated country with high fertility and mortality rates,[2] that ranks 185 out of 189 countries in the 2022 UNDP *Human Development Index,* dropping four places since 2020.[3] Mozambique's high poverty rate (63 percent live on less than $2 a day)[4] is perpetuated by frequent natural disasters, a high disease burden, high population growth, low agricultural productivity, insecurity in the northern region, and a highly unequal distribution of wealth. The northern and central regions combined account for 79% of the population and experience severe resource limitations. Both have multidimensional poverty indices that are twice as large as that of the southern region[3]. Mozambique has an extremely young and predominantly rural population, approximately 45 percent of the population is younger than 15 years of age and 68 percent live in rural areas. Primary school completion rates remain low at 52 percent (55 percent for males, 49 percent for females), with 39.9 percent overall illiteracy rate (51% are female and 27.4% male.)[5] [6]

Technical Analyses

Maternal Health: According to the most recent Demographic and Health Survey (DHS) from 2011,[7] the maternal mortality ratio remains extremely high at 408 deaths per 100,000 births, and the lifetime risk of maternal death for women in Mozambique is high (1:67 women die in childbirth) in comparison to the global average of 1:92.[8] Low quality of care continues to hinder progress in addressing drivers of maternal mortality, including hemorrhage (25 percent), ruptured uterus/obstructed labor (19 percent), postpartum/post-abortion sepsis (15 percent), eclampsia (13 percent), HIV (13 percent), and malaria (10 percent).[9] Forty percent of maternal deaths in Mozambique occurred due to delays in reaching health facilities to receive emergency obstetric care, 14 percent experienced delays receiving care once reaching the health facility, and 15 percent experienced both delays.[10] According to Mozambique's Countrywide Mortality Surveillance for Action (COMSA) from 2019-2020, 47 percent of maternal deaths take place in the community. While Mozambique observed some improvements in skilled birth attendance and number of antenatal care (ANC) visits per the IMASIDA 2015 report, COVID-19 dramatically impacted service delivery in Mozambique; cesarean sections dropped 28 percent, first ANC visits within the first trimester dropped 26 percent, hospital deliveries dropped 4 percent, home deliveries rose 74 percent.[11] Recent results from DHS 2022 show that hospital deliveries are at 65% and 87% of pregnant women attend an ANC with a skilled professional.[12] A high adolescent pregnancy rate

[2] 2017 Population CENSUS - Fertility Rate 5.2; Infant Mortality Rate 67.3; Maternal Mortality Rate 451.6

[3] UNDP Human Development Index https://hdr.undp.org/data-center/country-insights#/ranks

[4] Mozambique Multidimensional Poverty Analysis Status and Trends (January 2019), Embassy of Sweden at 4.
Alkire, S., Kanagaratnam, U., and Suppa, N. (2022). The global Multidimensional Poverty Index (MPI) 2022 disaggregation results and methodological note. OPHI MPI Methodological Note 53, Oxford Poverty and Human Development Initiative, University of Oxford.

[5] Instituto Nacional de Estatistica-Mocambique 2019/20 Household Budget Survey (HBS)

[6] UNESCO Institute for Statistics (2018).

[7] This is the most recent DHS data available. The next DHS survey was initiated in 2022.

[8] https://data.worldbank.org/indicator/SH.MMR.RISK?locations=MZ

[9] Chavane, L.A., Bailey, P., Loquiha, O. et al. Maternal death and delays in accessing emergency obstetric care in Mozambique. BMC Pregnancy Childbirth 18, 71 (2018). https://doi.org/10.1186/s12884-018-1699-z

[10] ibid

[11] das Neves Martins Pires, P.H., Macaringue, C., Abdirazak, A. et al. Covid-19 pandemic impact on maternal and child health services access in Nampula, Mozambique: a mixed methods research. BMC Health Serv Res 21, 860 (2021). https://doi.org/10.1186/s12913-021-06878-3

[12] Instituto Nacional de Estatística (INE) e ICF. 2023. Inquérito Demográfico e de Saúde em Moçambique 2022–23. Maputo, Moçambique e Rockville, Maryland, EUA: INE e ICF.

(180 births per 1000 women among girls aged 15 to 19)[13] also has implications for service provision: this is a group with high risk of obstetric complications, low antenatal care attendance and who may be subject to disrespectful intrapartum care.[14]

Family Planning: While modern contraceptive prevalence (mCPR) is reported to have risen from 11 percent in 2011 (DHS 2011) to 25 percent in 2022 (DHS, 2022), the fertility rate still is among the 10 highest in sub-Saharan Africa[15] of 4.9 children per woman. Additionally, there are high rates of teenage pregnancy, particularly in the northern regions according to the DHS (2022). For adolescents between the ages of 15 to 19, 42 and 31 percent reported having had a child or were pregnant at the time of the survey in Nampula and Zambezia, respectively. In Niassa and Tete, the percentage of teenage pregnancies is 52.3 and 39.7, respectively.[16] These data highlight a large, and growing number of women and adolescents who could benefit from a comprehensive, quality health promotion and service provision of reproductive health and family planning (FP) services as part of MNCHI+N, including offer of voluntary post-partum FP and reproductive health services that are youth-centered and/or tailored to being a first-time parent.

Newborn and Child Health: In 2022, the demographic and health survey reported a newborn mortality rate of 24 per 1,000 live births, an infant mortality rate of 39 per 1,000 live births, and an under-five mortality rate of 601 per 1,000 live births in Mozambique. The majority of newborn deaths occur in the first six days of life, due to prematurity (43 percent), asphyxia (27 percent), and sepsis (13 percent). Despite increases in coverage of key MNCH interventions, newborn mortality has not decreased as expected.[17] Mozambique is among the 54 countries off-track to meet the under 5 mortality target of less than 25/1000 live births, with post-newborn mortality contributing almost 60 percent of all under-five mortality.[18] Amongst children, malaria, pneumonia and diarrhea remain the leading, preventable causes of death, and only 56.5 percent of children with pneumonia receive treatment, and 61.5 percent and 21 percent with diarrhea are treated with oral rehydration solutions (ORS) or recommended home fluids (RHF) and ORS+Zinc, respectively.[19] These data similarly highlight challenges in requesting, accessing and receiving timely, quality care whether at the community or facility level.

Routine Immunization: The estimated number of children that have not received a single shot of a routine vaccine (i.e. zero dose children) in Mozambique increased from 7 percent in 2019 to 32 percent in 2022, placing Mozambique among one of the highest zero dose countries worldwide and one at risk for outbreaks of diseases that are on the verge of eradication, such as polio[20]. Vaccine coverage in Mozambique has stagnated, and in some areas declined, due to a number of factors including COVID-19's disruption to health care seeking behaviors, limited awareness of immunization benefits and/or ability to access immunization services, political instability, natural disasters such as cyclones,

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[13] UNFPA: Disturbing rise in teenage pregnancy, child marriage, gender-based violence and HIV infection in adolescent girls in East and Southern Africa – we need to act collectively and with urgency, 2022: https://mozambique.unfpa.org/en/news/disturbing-rise-teenage-pregnancy-child-marriage-gender-based-violence%C2%A0-and-hiv-infection#:~:text=Countries%20in%20the%20East%20and,per%201000%20births%20to%20women.

[14] WHO Evidence Brief, 2019: Adolescent Pregnancy: https://www.who.int/publications/i/item/WHO-RHR-19.15

[15] IMASIDA 2015

[16] DHS, 2022

[17] Getting to 2030: Maternal and Child Health and Nutrition Technical Roadmap https://www.usaid.gov/sites/default/files/documents/USAID_MCHN_RoadMap_single_Final_508.pdf

[18] ibid

[19] IMASIDA 2015

[20] Recovery Plan for Mozambique Immunization Services: Leveraging COVID-19 to Make a More Resilient Program

insufficient vaccine supply and other health system challenges. This stagnation is most stark in northern Mozambique, particularly Nampula and Zambezia with 300,774 and 115,022 zero dose children respectively. The neighboring provinces of Niassa and Tete also have large zero dose populations (53,027 and 21,354). Completion of the Pentavalent vaccine, or Penta, which is given in 3 doses from ages 2- 4 months and protects against five major infections including diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenzae type b, is often used as a proxy indicator for the strength of a routine immunization system. In a recent analysis of National Immunization Coverage, WHO/UNICEF estimated that from 2019-2021, during the peak years of COVID-19, the number of children receiving all 3 Penta doses decreased by 31 percent, and the number receiving just one dose decreased by 24 percent. Prior to COVID-19, the percentage of children immunized against major vaccine-preventable diseases increased only marginally from 63 percent in 2003[21] to 66 percent in 2015[22]. In summary, despite vaccinations being one of the most cost-effective and impactful interventions, the immunization delivery and uptake in Mozambique had only slowly improved before COVID-19, and now those small gains are reversing or stagnating.

Nutrition: Mozambique has a high prevalence of malnutrition in children under age five (CU5) with 38 percent stunted[23] and 4.4 percent wasted,[24] high levels of micronutrient deficiencies (anemia affects 73 percent of CU5[25] and 54 percent of women of reproductive age[26]), and poor infant and young child feeding (IYCF) practices. Nationally, wasting rates have stagnated over the last few years; however, due to seasonal shocks and stress factors (including natural disasters and regional conflict), there is a high prevalence of localized wasting in the northern provinces of the country, where 9.1 percent of CU5 in Nampula are wasted.[27] The underlying causes of undernutrition are complex and include poor dietary diversity and inadequate infant, young child, and maternal feeding practices. For example, nationally, 41 percent of infants less than 6 months old are exclusively breastfed and only 30 percent of children aged 6 months to 23 months reach a minimum diet diversity.[28] Cereals and starchy roots provide 80 percent of energy supply and the consumption of micronutrient rich foods is poor.[29] A Cost of the Diet Study projects the majority of Mozambican families can only afford an energy-only diet.[30] According to the 2011 DHS 54% of mothers between the ages of 15-19 years are anemic and 15% are classified as thin. The age of childbearing is young in Mozambique and in 2015, 46% of girls between the ages of 15-19 started having children. Relative to older mothers, adolescent girls are more likely to be malnourished and have a low-birth-weight baby who is more likely to become malnourished, and be at increased risk of illness and death, than those born to older mothers. For example, the 2011 DHS found an infant mortality rate of 100 per 1000 live births among mothers under age 20, compared to 67 per 1000 live

[21] DHS 2003

[22] IMASIDA 2015

[23] UNICEF Data Set Stunting (Survey Estimates, National and Disaggregated) https://data.unicef.org/resources/dataset/malnutrition-data/

[24] UNICEF Data Set Wasting (Survey Estimates, National and Disaggregated) https://data.unicef.org/resources/dataset/malnutrition-data/

[25] WHO Data Set Prevalence of anemia in children aged 6-59 months https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-children-under-5-years-(-)

[26] WHO Data Set Prevalence of Anemia in pregnant women aged 15-49 https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-pregnant-women-(-)

[27] Instituto Nacional de Estatistica-Mocambique 2019/20 Household Budget Survey (HBS)

[28] Ministerio de Agricultura. Relatório do Estudo de Base de Segurança Alimentar e Nutricional de 2013

[29] Fill the Nutrient Gap- Nutrition Situation Analysis Framework https://drive.google.com/file/d/1iQ_Pqfpcg6Cc5Rf00ajnGoKDT9MdRwpw/view

[30] Fill the Nutrient Gap- Nutrition Situation Analysis Framework https://drive.google.com/file/d/1iQ_Pqfpcg6Cc5Rf00ajnGoKDT9MdRwpw/view

births among mothers between the ages of 20-29 years.[31] In addition, there are inadequate sanitation resources, and access to potable water is limited, with 28.7 percent of families using unprotected water sources and 14.1 percent using surface water.

Early Childhood Development

There is no population-level data on children's early childhood development (ECD) outcomes in Mozambique. However, it is estimated that 61% of children are at risk of poor development.[32] According to the 2011 DHS, around 96% of preschool children, especially in rural areas, do not benefit from education and care from a specialized institution; the majority of children grow up mostly cared for by older children while parents are engaged in work. According to the Strategy document of the Integrated Development of the Preschool Child (DICIPE, 2012), there were about 4.5 million children under the age of 5 (CU5) in the country, of which only 66,000 (4%) had access to preschool education institutions, mostly managed and promoted by civil society entities and the private sector in urban settings. In a 2022 study by Advancing Nutrition in Nampula, only 4% of parents reported engaging their children (aged 0-23 months) in 4 or more activities in the last 3 days to support learning and 76% of children in the study were at risk of developmental delays.[33] ECD integrates responsive care and early learning with nutrition services and health services, promoting optimal growth and development outcomes for children as part of the Nurturing Care Framework. ECD is only at an initial phase of wide dissemination in Mozambique, with established networks that advocate public and private sectors to embrace ECD in their activities and policies.

Health System: Systematic issues like resource allocation, shortages of staff, stockouts of essential commodities, unequal deployment of staff, inadequate infrastructure, and variable availability of services between different geographic areas (e.g. northern provinces versus southern provinces; urban versus rural populations), and between the poor and the non-poor exacerbate gaps in access and quality provision of care. Patients routinely experience long waiting times and poor service (a recent study revealed that the average patient/provider consultations take less than 5 minutes). Rollout of nationally approved guidelines remains a challenge due to low staff bandwidth and awareness. Particularly concerning are patient reports of poor communication and treatment by health care providers, with 55% noting fear of mistreatment by providers as a key barrier to accessing family planning in a recent study by USAID/Mozambique's Improve Family Planning Initiative (IFPI). These multifaceted challenges demonstrate significant need for interventions that address systemic issues.

Staffing issues exist at the community and facility levels. Beyond the chronic shortage of healthcare providers, there is a lack of representation of native local language speakers among facility staff (only about 50% of the population speaks Portuguese[34]) and health care providers and workers are often not representative of their catchment areas. Many Mozambicans' first link with the healthcare system is through the APE (*Agente Polivalente Elementar*) or other community health actors from their community. Data from 2020 indicates a gap in labor force gender balance of these workers, where 26.3% were women and 75.8% were men. The gender imbalance may affect access to information

[31] DHS 2011

[32] Lu et al. 2016.

[33] https://www.advancingnutrition.org/resources/integrating-responsive-care-and-early-learning-nutrition-delivery-improve-early-childhood

[34] Mozambique Ministry of State Administration, 2014 District Profiles

around SRH and maternal and child health as women may not be comfortable discussing such issues with a male APE.[35]

Another study published in 2021 looking at missed opportunities for vaccines (MOV), which the WHO defines as "any contact with health services by an individual who is eligible for vaccination, which does not result in them receiving all the vaccine doses for which he or she is eligible," found that rates of MOVs were higher in Mozambique than in many other countries assessed. Overall, of the children eligible and due for vaccinations at the start of a health facility visit during the study, 76 percent had a MOV.[36] This was mainly due to outdated or lack of information among caregivers and providers about what vaccines were needed when, poor facility practices, lack of curative and preventive service integration, inadequate tracking systems for vaccination records, and in some cases, limited supply. Limited supply or challenges with commodity acquisition is a significant issue in Mozambique. While there are a number of investments addressing supply chain issues (USAID/Mozambique's AMOSTRA, CHEGAR, and PSM) and this lies firmly outside of the scope of this Activity, improvements in facility-level management of commodities and other resources will be an essential component to improve access, delivery and experience of MNCHI+N care among clients.

Finally, Mozambique has struggled to collect and manage key MNCHI+N data to inform timely decision-making. In recent years, there have been investments to consolidate data management systems and to formalize Data Quality Improvement (DQI) processes to improve ownership at the facility and district level. However, gaps remain in terms of available technology, human resources and skills to collect data in digital platforms routinely. A study of Health Information System Data from 2009 to 2012 found that facility-based data audits, targeted training and supervision, equipment purchase/ maintenance, and data audit and feedback meetings are associated with significant increases in public-sector HIS data concordance[37]. In order to make decisions based on the most up-to-date information, there needs to be greater capacity to collect, store, analyze, interpret, and use health data for improved decision-making.

Lessons learned: The USAID flagship bilateral MNCH project (2019-2024), Alcancar was the subject of an external mid-term evaluation which identified successes and important recommendations for future USAID support. The evaluation (https://pdf.usaid.gov/pdf_docs/PA00ZG79.pdf)focused on seven innovations implemented by the Alcancar project and identified ways to improve the quality of services and care provided to women and children. Per the evaluation, obstetric simulation practice sessions and health care improvement collaboratives implemented at health facilities improved accountability amongst providers who were trained to address specific scenarios and contributed to a changed culture within health facilities. A restructured Supportive Technical Assistance (STA) component, capable of withstanding future shocks due to natural disaster, pandemic or other emergency, should focus on creating a continuing learning structure and support the development of a library of videos and manuals related to clinical practices, treatments, and outcomes at the district and facility level. Highlighted focus areas for future technical assistance at the provider and system level include improved quality of

35 Redressing the gender imbalance: a qualitative analysis of recruitment and retention in Mozambique's community health workforce Rosalind Steege, Miriam Taegtmeyer, Sozinho Ndima, Celso Give, Mohsin Sidat, Clara Ferrão & Sally Theobald (2020)

36 Magadzire BP, Joao G, Bechtel R, Matsinhe G, Nic Lochlainn L, Ogbuanu IU. Reducing missed opportunities for vaccination in Mozambique: findings from a cross-sectional assessment conducted in 2017. BMJ Open. 2021 Dec 30;11(12):e047297. doi: 10.1136/bmjopen-2020-047297. PMCID: PMC8718423

37 Effects of a health information system data quality intervention on concordance in Mozambique: time-series analyses from 2009–2012. Wagenaar, et al. Popul Health Metr. 2015; 13: 9. Published online 2015 Mar 26.

prenatal consultation, identification of risk factors, counseling, documentation of patient history, postpartum hemorrhage management, and respectful care.

Evidence from the USAID/Mozambique flagship project for nutrition, Transform Nutrition, as well as centrally-managed USAID Advancing Nutrition, demonstrated the importance of addressing the underlying factors of malnutrition and improving coordination with stakeholders and complementary programs. From the Transform Nutrition mid-term evaluation (not publicly available), central observations of the project were the need for improved engagement with community leaders as this encourages participation of all community members, particularly target groups (mothers, women of reproductive age, and children) in program activities and sustained behavior change. Ensuring solutions are locally-led and leveraging locally available resources improves adoption and sustainability of interventions and behaviors.

Previous MNCH investments, such as USAID's Maternal and Child Health Integrated Program (MCHIP), Maternal and Child Survival Program (MCSP) and Alcancar, have found that routine immunization has a tendency to become a neglected, under-resourced area with corresponding poorer results in comparison to other technical areas within larger integrated projects. In 2021, as a response to this challenge, USAID bought into the field support mechanism MOMENTUM Routine Immunization Transformation and Equity (M-RITE) to provide leadership in strategic planning, coordination, micro-planning, and operationalization of vaccination service delivery for both RI and COVID-19. In addition, there are several studies currently underway looking at how the country was able to effectively roll-out the COVID-19 vaccine as well as challenges and progress in terms of RI and COVID-19 integration. Findings, lessons learned, and best practices identified from these studies, once they are publicly available, should be incorporated into the activity design.

A.2 Statement of APS Goal, Purpose, and Expected Results

This new MNCHI+N design will continue support for the GRM and will build on lessons learned from current and previous projects and activities; while also seeking innovations and novel approaches to realizing the results of improved MNCHI+N. This includes key lessons from USAID ALCANCAR, USAID's Maternal and Child Health Integrated Program (MCHIP), Maternal and Child Survival Program (MCSP), M-RITE, Transform Nutrition, and USAID Advancing Nutrition, as detailed above. USAID evaluated these lessons learned, and though USAID recognizes that while standalone activities (e.g. for immunization) were successful, there is a strong desire to ensure MNCHI+N services are integrated to address patients' health issues holistically and ensure MOVs are minimized. Integrated service provision also improves the patients' experience of care and creates efficiencies for health care workers. This APS includes an integrated set of activities to comprehensively support the adoption of healthy behaviors and norms and promote quality service delivery, but USAID/Mozambique expects dedicated focus to each element - immunization, maternal, newborn, child health and nutrition. Moreover, this Activity will include the ability to provide surge support through emergency funding for immunization campaigns related to outbreaks.

Furthermore, the proposed Activity will take advantage of opportunities in the health sector to enhance the Mission's relationship with the GRM as well as engage with the private sector and civil society for improved MNCHI+N. Moreover, the Activity will build on previous health investments of high impact practices and evidence-based interventions and will leverage USAID's investments beyond the health sector to support multi-sectoral innovations and efficiency. The Activity will coordinate and partner with other USAID-funded, and aligned donor activities, being implemented in the same geographic area to leverage and complement U.S. government and other donor investments.

APS Purpose: The Improved MNCHI+N award(s) will contribute to the results identified below. Each result represents the intended improvements over the next five years. These results are intended to improve the utilization of health services. USAID recognizes that there are challenges, needs, and gaps which may undermine these result areas, and therefore request Applicants to work with USAID and other key stakeholders in the co-creation process to validate and iterate what is needed for these Results to be achieved. Co-creation enables coordinated problem-solving and solution development, making it easier to identify opportunities for innovation and systems changes. Co-creation further offers a valuable platform for amplification of local voices and opportunities and for local stakeholders to forge new network connections and partnerships through which to implement activities ~~(note: not all concept paper submissions will pass the first review and therefore, not all submission will be invited to attend the co-creation process)~~

APS Goal: Improve maternal, newborn, and child health, -including increased routine immunization and reduced malnutrition - to decrease deaths from preventable causes and help women, newborns and children thrive in central and northern Mozambique (Nampula, Zambezia, Niassa and/or Tete - noting that additional/alternative geographies may be explored throughout the life of the Activity, and that targeted central level support to benefit the entire country is envisioned).

Expected Results

APS Theory of Change: IF there is increased adoption of healthy behaviors, improved access to health services, improved provision of quality services, and strengthened health systems, leading to improved utilization of health services **THEN** there will be improved MNCHI+N outcomes in select central and northern Mozambican provinces that will result in reduced mortality and morbidity and a pathway for families to thrive.

Intermediate Result (IR) 1: Increased adoption of healthy MNCH, immunization and nutrition behaviors - Identifying and addressing underlying factors and barriers to positive health behaviors and encouraging adoption of positive behaviors through proven social and behavior change interventions is key to improving individual and community health. This includes working with communities to understand root causes of certain behaviors and practices, including social and cultural norms, underlying factors (like resource availability, desirability, accessibility) and establishing trust to collaboratively find solutions that are contextually appropriate and accessible, including leveraging innovative or supportive technologies where feasible (such as social media platforms). This Activity should explicitly target adolescents, women, parents, guardians, and other caregivers of CU5 as well as community leaders and other influencers.

The role of community health workers will also be vital to these efforts, and therefore, ensuring that they have the most up-to-date information and enhanced skills for counseling and engaging with the community via multiple entry points will be a key component of this Activity. Through these means, this Activity should seek to improve care-seeking and routine household behaviors, including nutrition and child feeding behaviors, and strengthen the capacity of individuals and communities to manage their own health and identify danger signs and symptoms of concern for pregnant women and adolescents, newborns, and children.

At the heart of this Activity is a respectful approach to analyzing and influencing social and gender norms to improve MNCHI+N in the targeted communities. Formative research and evidence from previous projects will guide the approach to this Activity. Community health workers, community leaders, and other key influencers will play a critical role in facilitating normative change to ensure

acceptability and appropriateness of approaches. Engagement with vulnerable groups like pregnant and lactating women, adolescents, and people with disabilities will help identify and address barriers and drive engagement with these target groups. Empowering and supporting caregivers to provide nurturing care to support healthy early childhood development and optimal growth should be included as it improves nutrition and health outcomes for children 0-23 months. Activities should focus on understanding and addressing decision-making power and agency, especially with respect to women, girls, and youth, enhancing access to information and resources to adopt health behaviors, and the creation of locally developed solutions to overcome barriers to successful adoption of behavior change. Platforms, such as steering committees, should be utilized to encourage participation from a variety of actors, particularly those from marginalized groups, and ensure accountability. Implementing Partners will be expected to conduct further gender and social inclusion analysis and create responsive action plans to address barriers to access.

As there is a large number of behaviors each household member will ideally practice for optimal health and nutrition, Applicants should plan to prioritize and layer behavioral interventions so as not to overwhelm people asking them to change too many behaviors at once.

IR 2: Improved access to MNCH, immunization and nutrition services - Access to high quality, respectful clinical services and medical interventions are critical to improving MNCHI+N outcomes - whether it is preventive care for pregnant and postpartum women, childbirth care, essential newborn care, routine vaccination, treatment for a sick child, growth monitoring and promotion, or responsive and nurturing care by caregivers and health care workers to support optimized child development. This Activity should strive to improve access to an array of integrated primary health care services using evidence-based approaches (such as integration of services, improved referral systems, and improved communication and management schemes) and monitoring their effects. Ensuring access to high quality services will improve the perception that care-seeking will result in better health outcomes. The Activity will focus on strengthening and supporting key health workforce in MNCHI+N, notably, community health workers, MNCH nurses, and relevant facility-based staff.

MNCHI+N are typically in the domain of primary health care which is delivered at the community and district levels. To succeed in improving MNCHI+N outcomes, excellent communication between community health workers, facility-based staff, and women/ patients (as well as caregivers and parents) to facilitate holistic care is needed. By ensuring clear protocols and timely referrals between mobile brigades and fixed site elements of the primary health care system, the reach of providers will be expanded and specialized resources (such as clinicians with a distinct skill set) will be used more efficiently and effectively. Additionally, enhanced support and capacity strengthening for community health workers (APEs) and traditional birth attendants will be essential to ensure the system recognizes and leverages the integral role they play in the continuum of care. USAID recognizes that to effectively reach these aims, it will be necessary to provide aligned technical assistance and coordination at the central level. Applicants should address the breakdown of planning, strategy, and policy development support that will take place at the central, provincial and district levels. Furthermore, engagement and integration of community voices in the design and implementation of activities is essential for meaningful adaptation and improvement. Therefore, engagement of community health management committees (CHMCs) will be critical in gathering and disseminating information; identifying and helping to resolve problems; and advocating on behalf of the community and patients to improve primary health care services and referrals to higher levels, as needed.

There is also enormous potential to reach “zero dose” and under-immunized children and communities

through service integration of MNCHI+N. Unvaccinated and under vaccinated children often access health services for curative or other preventive services or accompany an adult seeking care at both community and health facility touchpoints. Such a visit becomes a missed opportunity if immunization is not addressed. This Activity should support reducing the number of missed opportunities by integrating MNCHI+N within primary health care planning, health registers and other record-keeping systems, and streamlining use of all encounters with the health system.

In addition to improved communication and coordination, it is also essential to have protocols and skills for administrative management of the health facilities, including resource allocation for the most critical needs. In many facilities, providers are overwhelmed with administrative and management burdens that divert attention from clinical and technical priorities. There is a need to improve administration and management capacity and resources, including budget planning and execution, development of patient management/workflow management plans, supply chain management, administrative reporting, and maintenance/upgrading of health facility infrastructure (utilizing digital platforms where feasible and desired). These improvements will enhance facility organization as well as optimize facility work and patient flows, thereby streamlining access to services.

IR 3: Improved provision of quality MNCH, immunization, and nutrition services - Access to care is an important dimension of MNCHI+N, but the quality delivery of clinical services is just as critical and requires quality improvement throughout the system. If a patient reaches a facility and is treated inadequately, needed supplies are unavailable or referrals are not made in time, confidence in the health system erodes and preventable morbidities and mortalities can occur. By creating an effective team that consistently and respectfully provides quality care, such as through QI, regularly addresses issues, increases knowledge, skills, and capacities for evidence-based health care, supports providers and the system to improve patient experiences of care, and effectively manages supply chains, quality health services can increasingly and effectively eliminate preventable deaths.

Care should be respectful, nurturing, and patient centered. These critical elements are often neglected due to resource constraints, staff burn-out, and/or lack of leadership at various levels. When patients feel respected and safe, care seeking, and follow-up care will improve for both preventive and curative clinical services. The trust that is built between patients and providers through better experiences of care also encourages greater communication and adoption of healthy behaviors. This includes considerations for language and cultural differences between patients and providers, as well as addressing documented fear of mistreatment or obligation to pay informal fees. Given the high adolescent pregnancy rates in Mozambique, it will be important to address the experience of care of this particularly vulnerable group who may hesitate to seek care for fear of stigma. Trust and information sharing is also true in ensuring HPV vaccination coverage for girls. The emphasis should be on dialogue, service quality and effective and respectful provider communication in primary care. In addition, this Activity should support trauma informed care and mental health services, especially for youth. Lastly, there is a need to encourage, role model and enforce adherence to these approaches by leadership at local, provincial, and national levels, without these aspects, newly introduced practices and skills will likely not be sustained. Quality improvement methods can facilitate these efforts and help ensure ownership and support at each of these levels.

Given that health care staff provide critical services, they need to be empowered with regular skills updates and access to information about best practices based on scientific evidence of efficacy, including new and emerging vaccines that respond to new and emerging threats (i.e. COVID-19, HPV, etc.). Access to training opportunities is limited in rural and remote settings and developing materials

and platforms for remote learning could expand access to professional development opportunities. Evidence also demonstrates the importance of QI practices as well as frequent capacity strengthening opportunities to support lasting skills development. Improving provider behaviors is not just dependent on skills building but also supportive environments, motivation, and a respectful workplace. Training alone has been shown to be ineffective in improving capacity long-term. QI approaches, mentorship, coaching, and supportive supervision models can support skills building while innovative and effective approaches from past investments should be scaled up. Technical capacity strengthening opportunities should also allow for the solicitation of feedback from health providers on their constraints and a discussion on what adaptations can be made in order to improve current practice. Quality improvement methods that build teamwork, empowerment of providers to use this knowledge and skills to improve services and outcomes is also key.

Lastly, if coverage and quality of care improve, but needed supplies and equipment are unavailable at points of service, the results can be devastating for both patients and the confidence of health staff providing the majority of MNCHI+N activities and care. Greater co-investment is needed on behalf of GRM and partners to acquire and maintain adequate MNCHI+N commodities at all levels. Beyond the resources themselves, it is also vital to ensure GRM and health facility staff have the systems in place to effectively manage these resources for optimal use; this includes proper and advance planning, rational allocation and prioritization, storage, monitoring use, requesting additional resources when needed, and reporting.

IR 4: Strengthened health systems for quality MNCH, immunization and nutrition - Sustainable improvements in MNCHI+N are only built when the health system itself is strengthened and able to function without project level inputs. Improved systems for supply chain management, data collection and management, financial planning and management, strategic planning, and human resources and administrative management are all critical underpinnings to ensure access and delivery of quality health services. Instead of investing in parallel systems to support completion of Activity aims, strengthening of existing or desired GRM systems will be leveraged and prioritized. Quality improvement work, including successes under previous programs, can be an effective way to strengthen these systems. Furthermore, where possible, Mozambique's private health sector will be engaged to support greater coordination/ collaboration for standardization of guidelines and systems as well as to incentivize greater innovation. For this Activity, the aim is to strengthen health system components for improved MNCHI+N in USAID's manageable interest.

One of the most important and often referenced gaps is sufficient human resources for health (HRH). A cadre of health providers with information, skills, experience, and confidence to properly execute preventive measures as well as identify, confirm, and treat complications is essential to improving MNCHI+N in the target areas. While hiring more staff will be outside of the scope of this Activity, this Activity should contribute to strengthening of HRH. Approaches should favor innovation beyond traditional in-service and pre-service technical training and supportive supervision. It will be essential that these interventions are aligned with activities outlined in relevant central and provincial level G2G agreements and other USAID awards/contracts.

Essential to all programming is routine and strategic planning to staff activities and implement effectively. This Activity will support strategic planning with GRM to help to coordinate among multiple partners and government entities to ensure efficient and effective utilization of funding in order to improve MNCHI+N. Given that there is a wide landscape of partners operating at multiple levels, it will be essential to map coverage at the programmatic, financial and managerial levels.

Another essential area of focus should be systems for key health commodities. Many commodities are often not available in Mozambican facilities, or their quality has deteriorated due to improper storage and maintenance. By working with staff to optimally manage resources needed for MNCHI+N, the project can reduce waste and leakage. Implementing Partners should support the GRM at subnational levels to improve efficiency and better manage commodities to ensure availability of critical MNCHI+N products at provincial, district, and facilities. Additionally, they should identify innovative approaches to minimizing supply chain bottlenecks, including providing technical assistance at the facility level to improve forecasting and proper use of commodities to reduce wastage. This Activity should coordinate with the Local Governance Strengthening (LOGOS) project that supports transparency and accountability activities. This Activity should build upon lessons learned for improved commodity management during implementation of current flagships ALCANCAR, M-RITE and Transform Nutrition, with the aim of consolidating systems and processes that are working but require additional investment. This Activity is not inherently a supply chain activity, as USAID funds other primary partners for the supply chain portfolio. However, this Activity should complement and interact with the activities of USAID central supply chain investments.

While having well trained and motivated health staff and accessible services are critical, service provision is only one aspect of providing health care. Multi-sectoral partnerships with public and private sector entities at the district and provincial level are needed to ensure health facilities have adequate infrastructure (e.g. working with ministries and companies responsible for water and energy), predictable resource allocations (e.g. working with ministries of finance), offer training opportunities for staff (e.g. working with pre-service education institutions and continuing education initiatives) and innovate with the private sector when the opportunities arise (e.g. renewable energy partnerships). Leveraging, connecting, and/or including activities designed to promote savings and loans can support financial access to care if a health emergency arises. Leveraging and connecting complementary USAID programs from other sectors (such as early childhood development, agriculture, environment, and education) will also strengthen multisectoral coordination and collaboration amongst partners and stakeholders and address underlying causes of poor health and nutrition outcomes. While facilitating these linkages is of primary importance for the Activity, it should be noted that Applicants should not include activities that include infrastructure (such as construction of roads, facilities, or water systems).

Finally, in order to make decisions based on the most up-to-date information, there needs to be greater capacity to collect, store, analyze, interpret, and use health data for improved decision-making. The Activity should increase the capacity of data managers and support systems at all levels (from data quality committees at the facility level to quality assurance mechanisms at the provincial and national levels) to ensure that accurate information is available for use and is packaged in a way that key decision-makers are able to understand, interpret, and use for continually-improving quality of MNCHI+N care. Applicants should avoid creating parallel systems and should focus energies on strengthening GRM developed or preferred systems (i.e. HIS)

A.3 Geographic Focus and Operations

In line with USAID/Mozambique's geographic focus on central and northern provinces, the proposed geographic areas for this Activity are: full coverage of districts in Nampula and Zambezia provinces, plus proposed select coverage of key districts in Niassa and/or Tete provinces (i.e. districts with significant unmet need and opportunity). As noted above, there is potential for additional or alternative geographies to be proposed and included throughout the life of the Activity. The Activity will focus operations at the provincial, district, and local levels; with targeted resources reserved for central level

support. At the central-level, resources should be dedicated for planning, strategy, policy development/updating, coordination and leadership of technical assistance in Maputo. Central level support will allow for some technical assistance at the national policy level which would lead to improved operationalization of policies and therefore nation-wide benefit. The decentralized nature of implementation should be taken into account when planning the staffing pattern and management arrangement. Decisions on provincial office and key personnel location will be made at full application stage, in collaboration with USAID, in accordance with final project geographic selection focus.

Analysis of Mozambique's 2011 Demographic and Health Survey and other data sources demonstrates a large burden of maternal and child morbidity and mortality in the northern part of the country. For example, improvements in maternal mortality have remained stagnant for years, with Nampula carrying the highest levels of maternal mortality rates. Even with the important gains in child health for under fives, infant mortality remains a challenge in these two provinces, with Nampula and Zambezia experiencing infant mortality rates of 41 and 95 per 1000 live births, respectively. Adolescents aged 15-19 in Nampula and Zambezia have higher pregnancy rates at 46 percent and 41 percent respectively, compared to the national average of 38 percent, indicating barriers to health services as well as other key services that impact teenage pregnancy, including education, economic development, and social welfare.[38]

In terms of immunization rates, the estimated number of children that have not received a single shot of a routine vaccine (i.e. zero dose children) in Mozambique increased from 7 percent in 2019 to 32 percent in 2022.[39] This stagnation is most stark in northern Mozambique, particularly Nampula and Zambezia. These two provinces have large populations including significant numbers of under-vaccinated children, with an estimated 300,774 zero dose children in Nampula and 115,022 in Zambezia. Completion of the Pentavalent vaccine, or Penta, which is given in 3 doses from ages 2- 4 months and protects against five major infections including diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenzae type b, is often used as a proxy indicator for the strength of a routine immunization system.

With respect to nutrition conditions, the northern provinces have the highest prevalence of malnutrition, Nampula being the highest with 25.9 percent of children under five stunted followed by Zambezia with a stunting prevalence of 19.9 percent. Nampula also has the highest prevalence of severe acute malnutrition (wasting) at 9.1 percent for children less than 5 years old, followed by Niassa (4.1%) and Zambezia (3.9%). Nampula, Zambezia, Niassa and Cabo Delgado have the highest rates of low weight for age with Nampula being the highest at 21.4 percent. Northern provinces also demonstrate the lowest access to safe drinking water, sanitation and latrines. Poor health-seeking behaviors and low levels of access to quality health services (59.9% and 63.8% of people in Zambezia and Nampula respectively are able to get to a facility in 30 minutes by foot) are contributing factors to poor health outcomes.

It will be important for this Activity to coordinate and collaborate with complementary USAID and other donor investments in the same areas to maximize impact while avoiding duplication. Nampula and Zambezia are focal provinces for a number of activities such as in Malaria, Family Planning, and HIV as well in non-health sectors, including education; including the establishment of Resilience Focus Zone (RFZ) districts. In this area, there will be a number of complementary nutrition and MCH interventions to

[38] Mozambique DHS 2011.

[39] Recovery Plan for Mozambique Immunization Services: Leveraging COVID-19 to Make a More Resilient Program

enable saturation, and ultimately sustainability, over time. Recognizing that not all districts have the same needs, opportunities, and existing/ expected set of activities underway, there will be a need to define differentiated intervention packages according to the district profile and current activities taking place. Different levels of intensity of interventions, such as different intervention models or packages with differing depth of focus for the different technical areas may be suggested, allowing the project to focus deeply in certain technical areas and broadly in other areas according to need, opportunity, and priorities. Prior to implementation of the proposed project, a thorough district-by-district mapping of needs, gaps, opportunities, existing partners/ projects, among other factors, is expected. A decision on provinces and districts selected for implementation will occur at the work planning phase after an award is made, with discussions on district and provinces selected occurring throughout the design process and co-creation event.

A.4 Cross-cutting Programmatic Principles and Approaches

Gender

Promoting gender equality, empowering women, and advancing the status of women and girls is vital to achieving USAID's development objectives. The Applicants are expected to address gender by ensuring both women and men in all their diversity - including of the LGBTQI+ community and those with disabilities - are reached by health services and that women's voices and agency is strengthened in MNCHI+N at the country, regional, and global levels.

According to USAID/Mozambique's Gender and Inclusive Development Analysis (see ATTACHMENT 2) conducted for this Program, gender roles and power dynamics between men and women significantly influence health-related decisions and access to and utilization of health services. Cultural norms also create barriers to access and utilization of health services by women, men, boys, and girls - particularly from their parents and other relevant community influencers, including health providers. In most cases, men manage the household economic resources and serve as the household decision-makers, controlling women's decisions and access to health services. The analysis also explored the unique challenges that members of the LGBTQI community and people with disabilities face when accessing health services. Applications must include approaches to meaningfully engage men as champions, agents of change (power shifting and sharing), and primary health care users for improved health outcomes, and as co-caregivers for their own and their families' benefit. SBC activities should also ensure gender empowerment and social inclusion is achieved through utilization of transformative approaches. This will better position women and men to discuss important health prevention, care-seeking, and treatment options with the aim to increase early and timely maternal and child health care and ensure that most vulnerable groups are not left behind.

The Improved Maternal, Newborn Child Health, Immunization and Nutrition Activity should strengthen gender equality and equity at the community level, provincial, and national level and seek to ensure social inclusion of people with disabilities and the LGBTQI community. Opportunities for improving gender transformative approaches and social inclusion include: integrating gender issues into all training for health care workers; ensuring SBCC activities address misinformation; planning activities in a way which considers their use of time, access and safety; raising awareness of national policies; ensuring linkages to complementary programs/services for vulnerable groups; and incorporating inclusive development into CLA activities. Incorporating a gender-transformative lens, interventions should seek to identify the critical gaps between men and women and address the physical, social, and cultural barriers that prevent women and girls from practicing healthy behaviors and accessing health and nutrition services and resources. Ensuring the inclusion of women and girls as participants and stakeholders in the program development and implementation will support and elevate their voices and

drive participatory decision making. At the community level, the Activity should address and encourage social norms that are empowering and enable healthy behaviors, including feeding practices, household decision making, care-seeking for MNCHI+N and promotion of family planning through social behavior change activities. The project will also meaningfully engage men and boys as family members and agents of change for improved health outcomes for themselves, their families, and their communities. Rigid gender norms negatively impact men and boys, potentially leading to harmful experience and behavior, greater likelihood of engaging in violence, poor health outcomes, lower enrollment in higher education, and other gender-based disparities. Adopting gender-equitable norms and behaviors not only enables men and boys to reach their own full potential, but also to contribute to the rights, well-being, and positive development of their partners, families, communities, and societies at large. A strong social behavior change approach should build on the capacity of communities to learn, teach, and implement best practices in the long-term. This will better position community members to share information, serve as role-models with respect to healthy habits and practices, and play a critical role in preventing gender-based violence (GBV), and ending child, early, and forced marriage (CEFM). In health facilities, SBC interventions will also promote respectful interpersonal communications between providers and clients, whether within ANC, labor and birth, postnatal care, essential newborn care, well child consultations, sick child consultations and immunization services. This focus on quality, respectful care will promote a positive healthcare experience which can serve as a basis for trust and continued utilization of health services.

Per USAID Policy ADS 205, gender must be mainstreamed and integrated into all USAID interventions. Therefore, the Applicant should explicitly state how the Activity supports the gender policies and strategies of the United States and Mozambique. All proposed interventions must be designed using a gender lens and demonstrate gender-responsive and gender-transformative approaches at the individual, community, structural, social and political levels and programmatic data should include relevant gender disaggregations. The recipient will be required to conduct a gender analysis within 60 days of receiving the award. The successful Applicant will also be required to develop a gender and inclusive development action plan with adapted targets and gender-specific indicators within 90 days outlining how to integrate attention to gender equality into the work plan and performance monitoring plan on the basis of the gender analysis , and, where applicable, to report on standard U.S. Foreign Assistance gender indicators (https://2009-2017.state.gov/f/indicators/) .

Localization

A strategic priority for USAID is to promote the sustainability and ownership of development projects on the part of the local government and local organizations at all levels, including engagement and empowerment at the community level to shape and drive development needs and approaches. This effort is demonstrated through USAID's Localization Agenda (https://www.usaid.gov/localization), which calls for increasing the number of local partners, including non-governmental organizations (NGOs), public institutions, and private sector to be involved in co-creation, implementation, and monitoring and evaluation. USAID/Mozambique aims to advance the Localization Agenda as well as enhance national ownership of programs through intentional inclusion of local voices and increased direct funding to local organizations.

As a long-term strategy to promote sustainability and support resilience, the Activity will identify opportunities to strengthen public institutions and systems as well as build local partner and private sector capacity. The implementation methodology must be adapted to the local situation; particularly where existing systems are weak, and the strengthening of systems must be balanced with the delivery of benefits. The Activity must support the strengthening of local systems so that local actors continue to sustain key results after the Activity ends. In order to achieve this, efforts should be led by and at a

minimum align with and support the priorities of local actors, leverage local resources, and increase local implementation over time to sustain positive changes. Therefore, the Applicant should propose an approach which works extensively through local government systems - ensuring close partnership and accountability between the Activity and local institutions. For more information on this approach, see Local Systems: A Framework for Supporting Sustained Development (https://www.usaid.gov/policy/local-systems-framework)and the Local Capacity Strengthening Policy (https://www.usaid.gov/policy/local-capacity-strengthening .

The proposed Activity supports USAID's goal of increasing engagement with local organizations by encouraging local organizations who can respond to at least one of the Results to apply to this APS. Local and international partners are eligible to be considered as a prime and/or sub-awardee. The Activity will also require that **at least 50% of the number of partners** within any consortium **must be** local non-governmental organizations and at least 30% of the budget allocated to be implemented by these local partners at full application stage. All partner scopes of work must be substantive, complementary to all other proposed partners, and be accompanied by commensurate levels of funding. Local partners should have the opportunity to participate in the design of the application and influence the approach as well as benefit from any needed capacity strengthening to take on additional leadership of interventions throughout the course of the project's implementation. With this in mind, the successful Applicant will have a meaningful approach to capacity strengthening that encourages transition of select, substantial activities, where appropriate and feasible, to local entities throughout the project's period of performance and no later than a substantive leadership transition ~~at the half-way point~~. USAID expects the substantive leadership of key activities as well as the transition of expat and Third Country National (TCN) key personnel staff to Mozambican staff at the approximate as soon as possible, but no later than the half-way point of the project. Alongside a transition of leadership, USAID/Mozambique is interested in supporting this progressive transition of funding through milestones that result in a greater level of funding being transitioned to local partners, with **50% or more of the funding envelope going to local entities by the close of the Activity**. In addition, clear milestones and/or measures to track the progress of the localization approach proposed must be part of the application and reflected in the MEL plan.

Note: Localization should include thoughtful interlocking with USAID's G2G agreements and consider transition of activities to government entities of essential services within their domain.

Often, capacity strengthening initiatives are streamlined within proposals without the specificity needed to enable measurable improvement. Separate mechanisms focused on local organization capacity strengthening often fail to sufficiently align with the technical needs and service delivery aims of any particular larger-scale activity. In order to realize meaningful growth in local partner capacity, USAID welcomes innovative proposals on complementary capacity strengthening. It is acceptable to propose a parallel capacity strengthening Activity under this APS for local organization consortium members and any other sub-grant recipients, in order to achieve the expected results up to a value of $1,750,000 USD for the life of the Activity. If proposing this type of structure, collaboration between the capacity strengthening Activity and technical implementation Activity will be essential. Roles and responsibilities must be clearly defined within a Memorandum of Understanding to ensure complementarity.

Lastly, USAID/Mozambique is also interested in increasing the engagement of private sector partners and encourages opportunities to leverage private sector systems, tools, and innovations that support greater access to and provision of health services. There is strong potential here particularly in the

engagement of private sector health centers, pharmacies, and providers to improve the standards of MNCHI+N care.

Disabilities

With respect to engagement of persons with disabilities, USAID and implementing partners will ensure equitable access to resources and services provided, taking into consideration potential barriers that impact this population that were identified in the Gender and Inclusive Development Assessment. Persons with disabilities are diverse and recommended accommodations will vary to respond to social and physical needs. Efforts will be put into place to ensure that persons with disabilities are considered, treated, and accommodated to address their specific needs with no discrimination and that harmful beliefs and practices are addressed. The design of activities, including SBC and community education will consider equitable and inclusive access for persons with disabilities, not only as participants but as stakeholders. When hiring staff for Activity implementation, consideration will be given to those with disabilities for appropriate roles and reasonable accommodations will be offered.

Conflict and Instability

While there was a limited incursion into northern Nampula in 2022, over 95% of all security incidents took place in Cabo Delgado and more than 90% took place in the northern districts of the province. Considering the MNCHI+N needs of Nampula as well as the needs of populations in conflict zones and those that are internally displaced is essential to appropriately plan and implement activities. There are fewer than 50,000 IDPs from Cabo Delgado living in Nampula currently. However, there are relatively few donors and activities in the MNCHI+N space. This Activity will consider high impact and adaptable interventions for internally displaced people (regardless of where they reside) and host communities that prevent negative health outcomes and support delivery of essential MNCHI+N services that are responsive to the unique needs of northern Nampula and any other areas with conflict and instability in Mozambique that may emerge over the course of the award. Efforts will be made to understand and overcome access challenges that IDPs may face, and encourage utilization of services for all patients who may benefit, regardless of their origin. Given the predictability of ongoing crises and instability, this Activity should be designed with the ability to respond to crises incorporated into activities and approaches. The Activity will closely monitor the security situation, coordinate with partners as well as community and government stakeholders, and use crisis modifiers to adapt project activities to new and urgent needs. Finally, this Activity should promote resilience of community members such that even if a crisis occurs, communities will be able to use available resources to respond to, withstand, and recover.

Sustainability

This Activity has potential to not only support the GRM to operationalize updated policies and improve MNCHI+N; but also to leave behind an approach as a sustained legacy for the country once this Activity comes to an end. The Applicant must demonstrate a commitment to sustainability, such that the activities are implemented and supported in a feasible, cost-efficient and high-quality manner to allow for the GRM and other local partners to carry on the activities, commit resources and ensure the results will continue beyond the life of the Activity.

The fundamental thrust of this MNCHI+N program will aim at building local capacity and encouraging accountability, transparency, and decentralization. This could include the financial and operational capacity, public-private partnerships, or anticipated GRM political commitment, including local government and local NGO interests to continue the service or activity after USAID's involvement is ended. The Activity is expected to develop yearly work plans in close collaboration with relevant GRM counterparts and organizations working on MNCHI+N service provision. The Activity is also expected to

contribute to GRM-led district and provincial work planning efforts to ensure joint planning, coordination, leveraging of efforts, optimal activity implementation, and monitoring. The Activity will also work closely with the GRM to improve their capacity to successfully implement activities in the public health sector, supporting the GRM to be able to respond to changing contexts and emerging needs, including planning for emergency preparedness and response, such as the deployment of COVID-19 vaccines. By the end of the project, the Activity should work with the GRM and other partners to gradually assume select activities either via Government-to-Government Agreements or other means, thereby ensuring sustainability and essential service provision. Note that there is a current G2G in Nampula province that covers MCH, Nutrition, Malaria, Tuberculosis, Family Planning and other cross-cutting issues. In Zambezia province, the G2G currently focuses on Malaria only, but will expand to an integrated approach for 2024. The G2G in Niassa covers MCH and FP as well HIV/AIDS and the G2G Tete currently only covers HIV/AIDS and Malaria activities.

As stated in other relevant sections, Applicants are encouraged to thoughtfully consider local organizations' geographic, technical, and/or administrative expertise/advantage and how partners might be able to leverage advantages. Local entities could include government entities. However, as reflected in USAID policy at ADS 303.3.21, direct subgrants to government entities (such as grants to health facilities and districts) are permissible under circumstances when the subaward will contribute to sustainability or in cases where immediate development results outweigh sustainability goals. The successful Applicant would need to collaborate with USAID to ensure that circumstances justify the proposed award to the government, and that the requisite determinations and findings have been made. In-kind or technical assistance grants to the government do not require any special justification.

Youth

USAID is committed to ensuring the integration of youth considerations into its activities. Youth engagement is a cross-cutting issue identified in the USAID/Mozambique's CDCS, and is a key target population for USAID programs. According to the latest census, over 65 percent of the Mozambican population is considered youth (under age 25). In order to advance USAID/Mozambique's programming, adolescents and youth are priority populations to be reached and engaged by the Activity. The Activity should consider adolescent girls and young women as the primary group at-risk of MNCH complications, due to early pregnancy prior to achieving full physical maturity and social norms that limit their access to preventive and obstetric care, and as such, each part of the Activity should factor in their needs and access points to health care. Applications should include activities that target adolescent girls and young women with youth-sensitive information in order to support knowledge acquisition about the importance of MNCHI+N. This information must include the importance of good nutrition and a diverse diet, before, during and after a pregnancy. The Activity should also cooperate with health authorities and staff to analyze and implement youth-friendly services that are accessible as well as address the structural barriers that prevent them from accessing services whether for themselves and/or for their children/ children they care for (lack of autonomy, lack of financial means/support, belief that the services are too costly, perceived distrust, etc.). The Activity should also engage with communities and community leaders to develop solutions and approaches that address barriers experienced by youth.

Applicants are highly encouraged to review key findings from USAID/Mozambique's most recent cross-sectoral youth assessment (https://pdf.usaid.gov/pdf_docs/PA00X1Q7.pdf)and to incorporate the observed youth challenges and aspirations in their applications and examine how to better engage youth for more robust programmatic outcomes. At inception of this agreement, the recipient should develop a Youth Action Plan, with metrics to measure progress, reflective of USAID's Youth in Development Policy, to ensure appropriate strategies and approaches are used that meaningfully and

promptly engage adolescents and youth in their primary health care and the Activity. Systematic monitoring of gender and youth integration should be an integral part of the monitoring, evaluation, and learning (MEL) plan.

Climate Change Integration

Climate change is a cross-cutting issue that can have significant impacts on regional, national, and local development efforts in all sectors. In recognition of the Executive Order (EO) 13677, which requires all US agencies to factor climate change into their foreign assistance planning and manage the associated climate risks, the Applicant must identify expected climate change impacts over the life of the Activity and demonstrate how those risks will be reduced in order to ensure sustainability of the activities objectives by completing with the AOR a Climate Risk Management (CRM) plan before implementation of the Activity. Recognizing climate events like cyclones and flooding that occur in Mozambique, Applicants are expected to demonstrate the capacity to adaptively manage programs to ensure reliable delivery of essential services and activities in the event of natural disasters. Please see section E on Adaptive Management for further details.

Environmental Compliance Considerations

The recipient is required to be in accordance with regulation 22 CFR 216. 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 ADS Parts 201.5.10g and 204, 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. The recipient must adhere to the conditions set forth in the Mission Initial Environmental Examination and any other environmental documents developed and approved by USAID prior to the initiation of the Activity. 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.

Host Government, Donor, and other Counterpart Collaboration

The implementing partner is expected to develop and maintain strong relationships with the Mozambican Government (specifically the Ministry of Health's (MISAU) relevant MNCH/Nutrition/Immunization divisions (including provincial and district level such as but not limited to SPS, DPS, and SDSMAS), SETSAN, other donors, and counterparts. Applicants are encouraged to propose creative, transparent, collaborative partnerships with Mozambican government entities, other USG funded programs, and non-USG donors and partners to implement activities under this program. Note that throughout the life of the Activity, the engaged host government counterparts, donors and partners are likely to change, and the recipient is expected to stay abreast of these changes and continue collaborating with relevant key partners and government representatives, including at all levels, national, provincial and district level. The recipient must ensure strong engagement with the GRM on policy issues, alignment with national priorities, joint planning, and dissemination of performance reports and data to develop a shared vision for successful implementation of the Activity. The Recipient must also collaborate with other USG-funded program activities to develop synergies to maximize expected outcomes. Such activities include, but are not limited to, other USAID-funded non-health programs and programs funded by other USG Agencies such as the Centers for Disease Control and Prevention (CDC), as well as with other donors such as the World Bank, Health Partners' Group (HPG) members, United Nations Agencies (e.g. UNFPA, UNICEF, WHO) and other non-governmental

organizations (NGOs) as appropriate. This collaboration is expected to take place via participation in key meetings such as the Quality Improvement Technical Working Group (TWG), Community Health TWG, Commodities Technical group, and other relevant TWGs. Partners are expected to participate as needed in humanitarian assistance coordination groups in the event of weather or other emergency events.

Transparency and Accountability
Fostering transparency and accountability is an important focus for the U.S. Mission in Mozambique. All data (as appropriate) generated from the Activity will be made broadly available to the public, government and civil society stakeholders. This data should be easily accessible, reusable, complete, and timely, in accordance with USAID Policy ADS 579.

Innovation
USAID/Mozambique is supportive of innovative approaches to accelerate and sustain progress in the MNCHI+N space, both in terms of operationalization of programming (i.e., the "how") and interventions themselves (i.e. "the what"). To support innovative design, USAID/Mozambique is utilizing a co-creation process in which select Applicants that pass the initial Concept Paper submission phase (detailed in Section D) as well as other stakeholders (namely government entities) will be invited to further expand on proposed ideas and ideate on new concepts (e.g. new approaches to improve quality such as small innovation grants to districts and health facilities) that have the potential to disrupt the status quo, reverse recent declines, and accelerate greater improvements in maternal, neonatal, child health, immunization, and nutrition.

A.5 Monitoring, Evaluation and Learning (MEL) and Adaptive Management
Monitoring, evaluation and learning (MEL) plans should be designed to measure the direct and near-term results of program activities with the goal of informing ongoing management and implementation approaches. Note that the successful candidate(s) will be required to submit a MEL plan within ninety (90) days of the award issue. The performance monitoring and evaluation plan should include the following components:

- A plan for the use of either primary and/or secondary data, baseline and endline surveys or other data research methods, to demonstrate impact or progress of the program;
- Performance targets and milestones;
- The process by which the indicators and targets will be developed and how monitoring processes and results will be used to inform project management decisions; and
- The measurement and data management methods used to collect and analyze indicator data (data sources, frequency of data collection, and methods for collecting and reporting data).
- A plan to incorporate, where feasible, beneficiary feedback to inform decision-making adjustments during implementation.

Results must be clearly articulated and directly correspond to the stated goals and objectives outlined in the technical application and directly correlated to the theory of change. Monitoring and evaluation methods must be specific, measurable, realistic, and applicable to the program's goals and objectives. Plans must also include gender-sensitive indicators and sex as well as include other appropriate disaggregation. Proposed indicators should move beyond collecting data on inputs and outputs for their program and propose relevant outcome and impact indicators (or proxies) to measure and track the effectiveness of the program in reaching the stated theory of change.

In line with localization, the MEL plan should reflect how the activity is strengthening local capacity as well as how it is strengthening local Monitoring systems to help local partners (NGOs and government) track and measure health status of target populations.

Recognizing the highly dynamic environments in which health services are delivered, MEL strategies should emphasize supporting health system resilience and a commitment to agile implementation guided by adaptive management and learning. In order to solve complex problems, in complex environments, with modern solutions, innovative approaches and learning are essential. This Activity should consider methods for co-designing innovations and collaboratively problem-solving implementation challenges alongside health system actors and caregivers. Cycles of testing, adapting, and generating learnings for current and future health, immunization, and nutrition programs, can support new ways of increasing coverage of services and health practices. A Collaboration, Learning, and Adapting (CLA) plan will be developed to reflect the use of routine and program data, targeted areas of inquiry and solution generation throughout the life of the project. Proposed methods could include, but are not limited to micro-studies on specific areas for improvement or learning, project level data use strategies, and routine pause and reflect activities.

As the context dictates, the Activity will continuously monitor the security situation and will coordinate with GRM and other partners. The Activity should increase or decrease the number or intensity of its interventions in target regions in accordance with security or other emergency situations on the ground. To mitigate security incidents, the Activity should coordinate closely with GRM authorities, USAID, implementing partners in the same geography and other relevant stakeholders. Implementing partners will be expected to have an organizational risk mitigation strategy to ensure the safety of beneficiaries and staff. The Activity should seek to employ a variety of means to deliver assistance in a way that is safe, efficient and sustainable. The inclusion of crisis modifiers to support shock response and adaptive management for the project to be able to pivot and undertake in-scope but unanticipated activities following an unforeseen natural or human-made disaster is advised and expected. Crisis Modifiers include flexible budgets and work plans, supplemental line items (designed to be used in emergencies), phased implementation, or other tools identified during the design phase.

A.6 USG Strategic Priorities and Alignment

The U.S. Government's development approach in Mozambique is focused on improving the quality of life for all Mozambicans, targeting specifically the young and vulnerable. To reach this goal, the USG closely collaborates with the GRM, the private sector, and other donors, leveraging emerging opportunities to achieve inclusive development.

In addition to alignment with USAID/Mozambique's CDCS (https://www.usaid.gov/sites/default/files/2022-05/CDCS-Mozambique-December-2025.pdf) as mentioned above, this Activity follows several relevant USAID statutory and policy requirements, including:

Global Health Legislative and Policy Requirements - https://www.usaid.gov/global-health/legislative-policy-requirements
USAID's Commitment to Localization - https://www.workwithusaid.org/blog/usaid-s-commitment-to-advancing-localization
Mozambique's Country Road Map - https://roadmaps.usaid.gov/country/mozambique
Local Capacity Strengthening Policy
USAID Gender Equality and Female Empowerment Policy (2012) -

https://www.usaid.gov/ActingOnTheCall
USAID's Global Priority of Preventing Child and Maternal Deaths - https://www.usaid.gov/ActingOnTheCall
USAID Multi-Sectoral Nutrition Strategy 2014-2025 - https://www.usaid.gov/nutrition-strategy
Global Child Thrive Act - https://www.govtrack.us/congress/bills/116/hr4864/text

This Activity aligns with the Country Development Cooperation Strategy (CDCS) 2020-2025, directly contributing to the Development Objective (DO) 1: Healthier and better educated Mozambicans, especially the young and vulnerable. The proposed Activity results framework (Expected Results 1–4) will support DO 1 IR 1.1, 1.2 and 1.3. The Activity will support IR 1.1 "Quality of Health and Education Services Improved" by improving the quality of health services delivered by the GRM through diversified capacity strengthening and supportive supervision on quality, integrated, and comprehensive MNCHI+N throughout the continuum of care. The Activity will support IR 1.2 "Utilization of Health and Education Services, Focusing on Youth and Gender" through increased use of MNCHI+N services overall by making them more accessible (increase in capable staff at facilities and improved referrals) and desirable (increased understanding of available services and demand among clients). The Activity will thoughtfully approach youth and gender given that these populations are the focus of the interventions. Furthermore, the Activity will support IR 1.3 "Resilient Health and Education Systems Strengthened" via interventions that strengthen national policies and aid systems for identifying, tracking and measuring patient data to better inform decisions as well as coordination within the Resilience Focus Zones. This Activity aims to strengthen human resources accountability and performance, as well as GRM's ability to increase human resource allocation. This Activity intends to strengthen the government's ability to plan and manage MNCHI+N programs.

In addition, this Activity contributes to CDCS DO 3: Resilience of Vulnerable Populations to Key Shocks Increased, through complementary and integrated programming. Underlying food security factors contributing to malnutrition will be addressed by complimentary nutrition-sensitive activities in *Resiliência Integrada na Nutrição e Agricultura*/ Integrated Nutrition and Agricultural Resilience (RESINA) that support seed systems, resilient agriculture, food security, food fortification, nutrition-sensitive agriculture, multi-use water systems, food systems innovations, and information systems. Nutrition specific activities that promote safe water, sanitation, and hygiene (WASH) practices will be complemented by Transform WASH and Small-Town Sanitation that focus on multi-use water provision and management to increase the availability of clean water for households and other productive uses. Intersectoral collaboration within USAID with the Economic Growth Office (REGO) office is critical to increased production, purchase, and/or storage of nutritious foods, as well as access to safe water supplies, and provide the economic security necessary to serve as a buffer for households and communities to withstand the impact of shocks that affect nutrition status. As a Nutrition Priority Country, a Resilience Focus Country, and a Feed the Future Country, nutrition activities will continue to contribute to objectives and goals under these designations in collaboration with REGO and HAO.

The Activity will also support the primary goal of the Preventing Child and Maternal Deaths Division strategy of increasing demand for, improving access to, and providing quality health services, while strengthening health systems, that will result in a greater number of Mozambicans who will utilize health services and benefit from improved health outcomes. Furthermore, this Activity will coordinate with all USAID-funded maternal, newborn, child health; malaria (e.g. MCAPS and Fighting Malaria with SBC); and family planning (e.g. IFPI) activities especially where there may be shared geographies and target populations. The Activity will reinforce and build upon the successful practices of the ALCANCAR MNCH flagship project, which aimed to increase the use of quality maternal services by creating

demand for prenatal consultations and assisted deliveries by skilled professionals as well as improving the quality of care during childbirth. The Activity will also reinforce and build upon the successful approaches supported by the current nutrition flagship project, Transform Nutrition, including strong social and behavior change interventions designed to promote improved nutrition in pregnant, lactating women and mothers as well as in children under two and youth. This Activity will complement and leverage USAID investments through Government-to-Government agreements. Furthermore, this Activity will liaise with other USAID activities that also support the common target audiences of young girls, women, newborns and children, including fistula prevention and repair programming, DREAMS/Orphans and Vulnerable Children, preventing maternal to child transmission of HIV (PMTCT), pediatric HIV and cervical cancer programs within PEPFAR. Finally, the Activity is expected to coordinate, collaborate and leverage multisectoral efforts, including through USAID/Mozambique's education programs which focus on improving girls' access to and completion of secondary education. Some of the most common reasons for lower school attendance for girls, even at the primary level, include poverty, domestic workloads, sexual abuse at school, gender-based violence, early and forced child marriage, and unintended or early pregnancy. For instance, the Activity should collaborate with the Education Office's girls' education and empowerment program (AGE) which empowers adolescent girls, promotes girls' school attendance and access to quality education, and educates participants on issues such as malnutrition, menstrual hygiene management, and prevention of sexually transmitted diseases.

A.7 Rapid Response Funds

As part of the Activity, a Rapid Response Fund (RRF) will be established to enable the Recipient to respond efficiently and effectively to rapid-onset natural and/or man-made disasters in the Activity's target geographic districts. The purpose of the RRF is to quickly respond to, or mitigate, natural emergencies or crisis originated emergencies, which can lead to the outbreak of disease, an acute shortage of critical essential commodities, and morbidity and mortality among children and mothers. Given the potential for known and unknown risks to project implementation, the RRF will be a dedicated line item of approximately $200,000 in the Activity budget which, if utilized, is topped up each fiscal year to its original amount. The final amount to be set aside for rapid response will be confirmed at the time of full application submission. Any RRF funds remaining by the end of Activity will be expended as part of the final sub-obligation. For initial planning purposes, Applicants should set aside $200,000 per year, although any un-utilized RRF funds will roll over, year to year. In the final year of the Activity, any un-utilized RRF funds will be applied to close-out costs. The final amount to be set aside for rapid response will be confirmed at the time of full application submission.

Project use of RRF will be agreed to in principle by USAID through a detailed concept note and written approval will be required prior to use of funds for activities not foreseen in the annual work plan. All activities funded by RRF will be reported on a quarterly basis and should be included in annual performance reports.

A.8 Legislation

This APS is issued under the Foreign Assistance Act of 1961, as amended. In each Round, award(s) will be made under relevant federal regulations and agency policy. For U.S. non-governmental organizations, awards must be administered according to 2 Code of Federal Regulations (CFR) 200 and 2 CFR 700, and USAID Standard Provisions will apply (http://www/usaid.gov/policy/ads/300/303maa.pdf). For non-U.S. non-governmental organizations, USAID provisions for non U.S. non-government organizations will apply (http://www.usaid.gov/policy/ads/300/303mab.pdf).

[END OF SECTION A]
SECTION B: FEDERAL AWARD INFORMATION

B.1 Estimate of Funds Available and Number of Awards Contemplated
The funding for this APS will be provided through direct USAID/Mozambique funds. As determined by the source of funding, awardee(s) will be expected to comply with the legal and USAID policy requirements that govern the Agency's programming.

Pending funding availability, there may be multiple Rounds for this APS that will all aim to meet the Purpose and Results mentioned above. The financial range for award(s) under Round 1 of the APS will be up to $92,000,000 USD.

Issuance of this APS does not constitute an award or commitment on the part of the USG, nor does it commit the USG to pay for costs incurred in the preparation and submission of a concept paper or an application.

USAID reserves the right to close or amend the APS on or before the closing date, stated on the document cover page. Therefore, for any issued Round, organizations are encouraged to apply as soon as possible to be considered for review to maximize the possibility of receiving available funding.

B.2 Start Date and Period of Performance for Federal Awards
The proposed period of performance for each agreement awarded as a result of each Round(s) under this APS will not exceed five years in duration beginning from the negotiated start date, and subject to availability of funds. Concept papers—and later in the process, full applications— should propose activities for a five-year period of performance—nothing more or less. If the expected period of performance will be less than five years for a specific Round, that Round document will include that information. ~~Additionally, the anticipated start date for a possible award (s) will be specified in each Round~~. The estimated start date will be upon the Agreement Officer's signing of the resulting award(s). However, the goal is to have an award in place by the third year of calendar year 2024.

B.3 Expected Number of Awards
Multiple awards may be made as a result of this APS. The actual number of awards under this APS is subject to the availability of funds and the viability of applications received. Accordingly, USAID reserves the right to award multiple awards, one award, or no awards at all under each Round. Please note that USAID welcomes applications from consortia AND/OR individual organizations (see additional guidance in Section D). Concept notes can respond to all technical elements **OR** specific technical elements if an organization has particular expertise or proposal in one area (i.e. capacity strengthening, immunization, etc.). At the concept note phase, it is possible to respond to one or more Results as comprehensively as possible, focusing on the organization's particular technical element expertise. Should the concept paper "pass", there will be opportunities to explore partnerships at the co-creation phase.

Note: USAID/Mozambique is committed to supporting the Localization Agenda. As such, local organizations are encouraged to apply in response to one or more Result areas. Note that local

organizations can submit as part of a consortium or individually. If they would like to be considered as a prime partner, they need to submit an individual application.

As appropriate and feasible, initial award(s) resulting from this APS will seek to transition applicable activities and funding to local organizations participating as sub-awardees on the initial award(s) by the end of the initial award(s) (see more details in Section A and D).

B.4 Expected Implementation Mechanism
One, none, or more than one cooperative agreements (CAs) or fixed amount awards (FAAs) may result from the Round(s) of this APS.

B.5 USAID's Substantial Involvement
USAID's substantial involvement during the implementation of cooperative agreements will be limited to approval by the Agreement Officer's Representative (AOR)—delegated to the AOR by the Agreement Officer (AO)—of the elements listed below, except for any changes to the program description, key personnel, or the approved budgets that require AO approval.

1. Approval of the Recipient's Implementation Plans: Implementation plans include, but are not limited to, annual work plans, including planned activities for the following year and any subsequent revisions, international travel plans, planned expenditures, international meeting preparation, research studies/protocols, and any changes to any activities, locations, and beneficiary population under the cooperative agreement.

   USAID requires the approval of implementation plans annually to ensure alignment with stated goals, milestones, and outputs. The implementation plan communicates how and when the Recipient will complete award activities and is drafted annually to describe new and ongoing activities. This plan will be developed in partnership between the Recipient and the AOR team. The AOR will ensure that the implementation plans fit within the program description and the terms and conditions of the agreement.

2. Approval of Specified Key Personnel under this APS includes the positions listed below. Key personnel positions will require concurrence from the AOR and approval from the AO.

   - Project Director/Chief of Party
   - Deputy Chief of Party
   - Finance and Operations Director
   - Monitoring, Evaluation, and Learning Director
   - Technical Director - who will oversee a number of non-Key Personnel in charge of managing each technical area:
     - MNCH Director
     - Nutrition Director
     - Immunization Director
     - HSS Advisor
     - Quality Improvement Advisor
     - Community Health Advisor
     - SBC and Gender Advisor
     - Capacity Strengthening/Organizational Development Advisor

3. Agency and Recipient Collaboration or Joint Participation:

a. Approval of the recipient's Monitoring and Evaluation plans. This describes USAID involvement in monitoring progress toward the achievement of program objectives during the performance of the award, including written guidelines for the content of annual reports and final evaluations in accordance with 2 CFR 200.328. While an illustrative Activity Monitoring, Evaluation, and Learning (MEL) Plan may be requested in the full application submission, the final Activity MEL Plan will be developed in consultation with USAID post award. During the initial award planning period, the awardee shall work closely with USAID to establish major milestones, program monitoring indicators, as well as baseline data and performance targets that will demonstrate successful achievement of the results addressed in the cooperative agreement. The Activity MEL plan shall be finalized within 90 calendar days of the award. The awardee and USAID will jointly review progress on a periodic basis.

b. Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the recipient. USAID will participate as a member of this committee as well.
Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.

c. Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects. Activities will be included in the program description, negotiated in the budget, and made a part of the award. Note: the AOR will provide review of the proposed change, and the AO is the only individual who can provide approval for this element of substantial involvement.

d. Concurrence on the substantive provisions of sub-awards. 2 CFR 200.308 (or Mandatory Provision 3. Amendment of Award and Revision of Budget (August 2013) for non-US NGOs) requires the recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award. The term 'sub-award' includes both sub-agreements and contracts under assistance. Some of the sub-award approval responsibilities may be delegated to the AOR. Please note that any sub-awards (sub-agreements or contracts) to foreign governmental organizations or parastatals of any amount must be approved by the AO and may warrant additional clearances.

4. Agency Authority to Halt a Construction Activity**.**. On a case-by-case basis, the awards under each Round(s) of this APS may have the ability to complete assessments on the need for minor renovation and small-to medium-scale rehabilitation[40] of health facilities to improve the quality and/or availability of MNCHI+N services. ~~Examples may include, but are not limited to, installation of water and sanitation facilities such as handwashing stations, refurbishment of maternity wards, repair of roofing, and enhancements for client privacy. Any minor renovation or rehabilitation of health facilities will be funded by field support with the exception of any possible unforeseen emergency appropriation directives (i.e. Ebola). Therefore, USAID Missions must complete relevant risk assessments before the partner can incur costs for any minor~~

40 ADS 304.3.4.2 states "USAID has determined that construction activities are rarely appropriate under Assistance.

~~construction work as per ADS 201.3.4.3, ADS 201maw Construction Risk Management, and ADS 303maw USAID Implementation of Construction Activities.~~

B.6 Intellectual Property

Intellectual Property is discussed in 2 CFR 200.448 (for US NGOs) and in Mandatory Provision 7. Title to and Use of Property (December 2014) (for non-US NGOs). In general, awardee(s) may elect to pursue ownership of intellectual property that is developed as a result of an award from a Round of this APS. In such cases, USAID would typically retain a nonexclusive, non- transferable, royalty-free license to use any such intellectual property.

B.7 Environmental Impact

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 22 CFR 216 and in USAID's ADS Parts 201 and 204, which, in part, requires 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. All recipient's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this APS.

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

No activity funded under this APS 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").

It has been determined that the activities conducted under this APS will not negatively impact the environment. In accordance with the 22 CFR 216, an IEE recommended a negative determination with conditions as any award(s) resulting from a Round under this APS will not have a significant effect on the human, physical, and biological environment. The AOR management teams will provide the awardee(s) with a copy of the IEE and will continue to collaborate with the GH Environmental Officer to ensure the award(s) and associated activities incorporate environmentally sound principles in implementation and adhere to this determination of a "Negative Determination with Conditions." All awardees will comply with country, USAID, and World Health Organization (WHO) guidance for disposal of sharps and biohazards, as necessary, in preparing an integrated Waste Management Plan (WMP) or equivalent standard operating procedures (SOPs). All awardee(s) will also prepare and implement an Environmental Mitigation and Monitoring Plan (EMMP), as well as annually prepare and submit an Environmental Mitigation and Monitoring Report (EMMR) to the AOR, the latter of which will include a screening in the annual work plan for all on-going and planned activities to ensure they are within the scope of the IEE. Any activities found to be outside the scope of the IEE shall be modified to comply or halted until an amendment to the IEE is submitted and approved. Any sub-awards (sub-agreements, contracts, and grants) must reference and require compliance with the IEE, and completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in

research trials must be documented and in place prior to initiating any trials. Any program activities involving the procurement, use, research or disposal of pesticides and/or larvicides and their waste products will require a supplemental IEE or Pesticide Evaluation Report and Safer Use Action Plan (PERSUAP).

B.8 Authorized Geographic Code

The authorized geographic code for the procurement of services and commodities is 935.

B.9 Benefiting Geographic Areas

The USAID Improved MNCHI+N Activity is a USAID/Mozambique bilateral activity that will provide central level (Maputo) leadership and will implement activities in central and northern Mozambique. Given the epidemiological data outlined in earlier sections of this document, implementation should focus on the provinces of Nampula and Zambezia primarily, as well as select districts in Niassa and/or Tete, with flexibility for the Applicant to propose different levels of coverage (geographical and intervention level) based on factors such as other donor investments in the region. USAID/Mozambique is anticipating that Applicants will detail how they plan to leverage current and past USAID investments and coordinate with other donor investments.

[END OF SECTION B]

SECTION C. ELIGIBILITY INFORMATION

C.1 Eligibility Criteria

U.S. and non-U.S. public, private, for-profit, and nonprofit organizations, as well as institutions of higher education, public international organizations, and non-governmental organizations, are eligible to submit a concept paper under each Round(s) of the APS. Further, the organization must be a legally recognized, organizational entity under applicable law, legally registered in a country within the geographic code 935, which includes the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source.

Each recipient must be a responsible entity. The AO may determine a Pre-Award survey is required and if so, would establish a formal survey team 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.

Local organizations are strongly encouraged to apply, inasmuch as they will support not only the objectives of this APS and the Round(s) they are applying to, but also USAID's objectives to build the opportunities for and capacities of local organizations that are needed for sustainable development. USAID strongly encourages applications from potential new partners who meet the eligibility requirements and are willing to comply with New Partner Pre-Award Survey (NUPAS) requirements.

Concept papers from organizations that do not meet the above eligibility criteria will not be reviewed and evaluated. Individual persons are not eligible to apply for any Rounds of this APS.

While for-profit firms may participate, pursuant to 2 CFR 200.400(g) it is USAID's policy not to award profit to prime recipients and sub-recipients under assistance instruments. However, while profit is not allowed for sub-awards, the prohibition does not apply when the recipient acquires goods and services in accordance with 2 CFR 200.317 -326, "Procurement Standards." This is discussed more specifically in ADS 303sai "Profit Under USAID Assistance Instruments," which can be found at this link: https://www.usaid.gov/sites/default/files/documents/1868/303sai.pdf .

Program income may be generated under awards resulting from this APS. Program income for all award(s) resulting from Round(s) under this APS may be used for cost-sharing or matching in accordance with 2 CFR 200.307(e) for US NGOs and the Required as Applicable Provision "Program Income" (December 2014) in ADS 303 for non-US NGOs. If the program income is to be utilized in a different way, the Round document will include this information. It must be used in a manner allowable under the CFR and ADS references above.

If an organization does not submit a successful concept paper and is not invited to attend the co-creation workshop/submit a full application in a specific Round, that organization may still submit another concept paper in a future Round(s), if one occurs. Evaluation criteria will be revised to the specifics of the Round; another submission in another Round does not guarantee a successful concept paper and invitation to attend the co-creation workshop/submit a full application.

C.2 Cost Share

There are no cost share requirements for awards issued under this APS. Cost sharing is encouraged but not required. If there is any cost share requirement in future Addenda, it will be further described in

each APS Addendum(s).

If a cost-share is proposed, such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to the implementation of activities at the country level. Mobilization of funds from outside sources through cost share of award activities is highly encouraged.

For guidance on cost sharing in grants and CAs, please see the ADS 303.3.10 and 2 CFR 200.306 for US NGOs. For non-US NGOs, all cost sharing would be subject to the Required as Applicable Provision "Cost Sharing" in ADS 303mab.

[END OF SECTION C]

SECTION D. APPLICATION AND SUBMISSION INFORMATION

D.1 Agency Point of Contact

Any information given to a prospective Applicant concerning this APS will be furnished promptly to all other prospective Applicants as an amendment to this APS if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

Name: Patrice Lopez
Title: Agreement Officer
Email: patlopez@usaid.gov

Nelly Mahanjane
Acquisition & Assistance Specialist
Email: nmahanjane@usaid.gov

D.2 Questions and Answers

All inquiries and communication including questions on this APS or related Amendments or Addenda, must be submitted to the points of contact above, with "**Questions for Round [No,], USAID Improved Maternal, Newborn, Child Health, Immunization and Nutrition"** in the subject line**.**

D.3 Submission Dates and Times

Please refer to the Key Information and Dates on the Cover Page. Concept papers and full applications must be submitted electronically via email only to points of contact above, before the respective due dates and times. Please include **[Round No.], USAID Improved Maternal, Child, Neonatal, Health and Immunization Activity APS - [Name of Organization**]"in the subject line. Late submissions will NOT be accepted. Hard copies, whether hand delivered or by postal mail, will not be accepted.

D.4 Application Process

The preferred method of distribution of USAID assistance information is www.grants.gov. This APS contains all necessary information, web links, and materials to submit a complete concept paper for Round 1. The APS includes information regarding the full application; however, this information is not exhaustive. Full applications are **not** requested at this time. The most highly rated applicant (s) will be contacted directly to request full application(s).

This APS utilizes a three-phase process:

Phase 1: Concept Paper Submission

Concept Paper submissions must be submitted by email to the points of contact identified above. Email submissions must include the APS number and Applicant's name in the subject line heading. Applicants must submit concept papers in accordance with the due dates for Round 1 as stated on the cover page of this document. Concept papers received after this date and time will be considered in subsequent review opportunities, as applicable. Refer to "Concept Paper and Full Application General Submission Procedures".

Concept Paper submissions must be submitted in accordance with the instructions in the guidance below.

NOTE: To be considered as a potential prime on a full application, an organization must submit a concept paper (as a prime or sub-partner). If an organization is named as a sub-partner on a concept paper submitted by a prime on behalf of an already proposed consortium, the sub-partner is not required to submit its own stand-alone concept paper; however, it can submit a solo concept paper if it wants to be considered independent of the consortium as well (i.e. to be considered for both a consortium or prime individual organization). **Please note that a single organization may not submit more than three concept papers, in total**, one as an individual organization and one (or two) as a part of a consortium; or 2) three concept papers submitted as part of ~~two~~ three different consortiums). **If an organization submits more than three concept papers, only the first ~~two~~ three received will be evaluated.**

Concept papers received under MNCHI+N APS Round(s) will be reviewed based on full and open competition and under the procedures and evaluation criteria identified in Section D of each specific Round documentation. Competition under APS Round(s) will consist of a two-step process where Applicants first submit a concept paper for an initial competitive review:

1. All concept papers received will be evaluated by a USAID Merit Review Committee (MRC) for responsiveness to the evaluation criteria outlined. After a concept paper is received, USAID reserves the right to pose clarifying questions and conduct discussions with any Applicant but may not opt to do so if it believes it has sufficient information in the concept paper itself. Posing clarifying questions and conducting discussions with one Applicant does not obligate USAID to do so with all Applicants.

Phase 2: Co-creation

After the concept papers are evaluated, successful Applicants will be invited to continue the co-creation and collaboration process to identify and develop the activities that will help achieve the results desired under this APS and specific Round(s); identify and incorporate additional partners; and determine respective roles and responsibilities related to the implementation of those activities. Additional instructions and criteria for full application submissions will be provided after evaluation of concept papers, co-creation workshop (if necessary), and when full applications are requested.

For Applicants seeking to receive USAID funding to implement proposed activities under a Round of this APS, USAID's discussions with those Applicants will take place within the parameters of publicly available information. These parameters provide ample room for extensive, robust discussions regarding the development problem/goal in question (Section A of this APS, and specified in each Round), best practices, lessons learned in the relevant technical sectors, and pertinent research and evaluations and various other matters. After concept papers have been submitted, USAID personnel can have highly specific, detailed activity design discussions with the Applicants throughout the remainder of the process, e.g., up to and through any award that might be issued under a Round of this APS. USAID also reserves the right to make an award without discussions if determined to be in the Government's best interest. Additionally, USAID may make an award on the basis of initial concept papers received, without scheduling a co-creation workshop.

Concept papers should be free of any intellectual property that the Applicant wishes to protect, as the concept papers may be shared with other organizations as part of the co-creation process. However, once potential partners have been invited to engage in further discussions, they will work with USAID to identify proprietary information that requires protection. Therefore, organizations submitting concept papers provide USAID a royalty free, non-exclusive, and irrevocable right to use, disclose, reproduce,

and prepare derivative works, and to have, or permit others to have, use of any information contained in the concept paper submitted under each Round(s) of this APS. If USAID engages with the organization regarding its concept paper, the parties can negotiate further intellectual property protection for the organization's intellectual property. Organizations must ensure that any submission under all Round(s) of this APS is free of any third-party proprietary data rights that would impact the license granted to USAID herein.

Concept papers are not evaluated against other concept papers, but rather against the concept paper evaluation criteria (below) in Section D.4.1 for each specific Round. The evaluation of the content in the concept papers against Section D.4.1 for each specific Round will allow USAID to determine if an organization could make valuable technical contributions to the co-creation process; the ideas in the concept papers may or may not be the same approaches developed further during co-creation, though the solutions and strategies generated may draw from these ideas.

No additions or modifications to concept papers will be accepted after the submission date for each Round of this APS. Concept papers that are submitted late or are incomplete may not be considered for the co-creation workshop or request for full applications) ~~(if co-creation workshop is not held)~~ Additional information in the concept paper not requested by each Round of the APS may be removed and may adversely affect an Applicant's evaluation/review.

~~Not every organization that submits a concept paper through a Round of this APS will automatically be selected to participate in co-creation.~~ Due to the number of concept papers received, USAID is not able to provide details on why concept papers were not selected. USAID may limit the number of initial submissions selected to move forward based on efficiencies.

D.4 Concept Paper Required Content and Instructions

D.4. 1 Concept Paper Technical Instructions for Round 1

Concept papers are limited to five (5 pages) total, excluding the cover page. Concept papers must follow the required content and format below.

D.4.1.1 Cover Page (not included in the 5-page limit)

- Project title;
- Funding opportunity number;
- Name and address of the applicant organization;
- Types of organization (e.g., for profit, non-profit, university, etc.);
- ~~DUNS~~ UEI number
- Contact point (name, telephone, and e-mail);
- Names of subrecipients and types of organizations (local non-profit, etc.).

D.4.1.2 Concept Paper Content

PHASE 1: CONCEPT PAPER SUBMISSION AND MERIT REVIEW CRITERIA and BUDGET SUMMARY (not to exceed two pages)

A Concept Paper is a short document where the Applicant provides an overview of their idea.

Applicants are encouraged to use the concept paper template and budget format provided in Annexes I and II.

Annual Program Statement (APS) No.: 720656APS00001

USAID Improved Maternal, Newborn, Child Health, Immunization and Nutrition

The Concept Paper must be specific, complete, presented concisely and written in English OR Portuguese. The Concept Paper must demonstrate the Applicant's capabilities and expertise with respect to achieving one or more of the Results specified in the APS. Based on the activities proposed by the Applicant, the proposed award size must be specified in the Concept Paper. As noted previously, the anticipated duration is no more or less than five years.

USAID will acknowledge Concept Papers upon receipt; however, USAID will meet to review Concept Papers against merit review criteria, and make Concept Paper selection decisions in Round(s) as follows:

All concept papers received by the deadline stated on the cover page and as revised via amendment of the APS will be reviewed for eligibility and compliance with the instructions for submission prior to evaluation against the merit review criteria listed in this section.

The AO will forward submissions to the Selection Committee (SC) those concept papers that are complete and comply with the instructions for submission outlined in Section D.4.2 of this document. The SC will then conduct a merit review of the concept papers. The purpose of this review is to ensure that prospective partners bring appropriate capabilities, experiences, and potential contributions to the co-creation process and ultimately to the implementation of activities supporting the goal, purpose and results of this APS.

The final selection of successful concept papers will be determined by the AO. A concept paper is determined to be successful if it receives a "Pass" based on the merit criteria beneath.

The proposed interventions must directly respond to one or more of the areas of interest of this APS or will not be considered. USAID/Mozambique will evaluate concept papers in accordance with the following criteria: ~~shown in descending order of importance with Criteria 1 weighed the highest, followed by Criteria 2, and finally Criteria 3 as outlined below:~~

MERIT CRITERIA

Criteria 1: Technical Approach

The proposed interventions demonstrate a sound technical approach that will lead to meaningful results linked to one or more of the areas of interest and the objective of this APS in an efficient and effective way: improving MNCHI+N via an integrated and holistic approach promoting healthy behaviors and use of quality health services, through: 1) increased adoption of healthy behaviors, 2) improved access to health services, 3) improved provision of quality services, and 4) strengthened

health systems. In addition, for select interventions, the technical approach proposed is potentially scalable or provides evidence to support the likelihood of significant development impact and how it will be sustained. Concept papers should describe how the programmatic approach will contribute to, build upon, and coordinate with investments of the GRM, USG, and other stakeholders in order to consolidate gains, carry forward lessons learned and best practices, and strengthen the health system.

Criteria 2: Localization and Sustainability

The extent to which the Applicant explicitly describes a reasonable approach towards strengthening relevant local entities and ensuring sustainability of improved MNCHI+N outcomes beyond the period of performance. This includes the degree to which the Applicant demonstrates its understanding of the challenges to sustained local ownership in Mozambique, its ability to tailor support based on varying partner and locality needs, and its strategy for overcoming barriers to ensure successful achievement of the transition award goals.

Criteria 3: Organizational Capacity and Management

The Applicant possesses the necessary organizational and technical capacity to implement the activities effectively and includes a summary of a management and staffing plan. Concept papers must demonstrate depth and breadth of experience/ ability to carry out the implementation of proposed activities. The concept paper must describe appropriate organizational capability and technical expertise in MNCHI and Nutrition priorities. The staffing and management arrangements proposed must reflect a sound and adaptable approach to realizing results. If the Applicant is a consortium, the concept paper must clearly describe the roles of the various partners and how the proposed partners represent the appropriate combination of organizations to develop and implement the proposed technical approach.

USAID, at its sole discretion, reserves the right to review Concept Papers out of cycle.

USAID anticipates two possible results from the Concept Paper merit review process "**Pass"** and "**No Pass**":

● **Pass**: Concept Paper generally satisfies the Concept Paper merit review criteria and receives a "Pass" status. USAID will ~~could~~ invite ~~the~~ Applicant(s) to participate in the co-creation event. ~~Not all Applicants that receive a "pass" status will be invited to the creation event.~~ Participation is subject to USAID selection. After the event, USAID may request for submission of a full application.

● No-Pass: Concept Paper does not satisfy the Concept Paper merit review criteria and received a "**No Pass**" status. USAID rejects the Concept Paper, and the process is ended.

USAID will inform unsuccessful Applicants in writing.

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Co-Creation Process

Co-Creation Workshop. The primary component of the co-creation process will be a focused and

intensive group workshop that may extend beyond one (1) day; location and duration may differ by each Round. In-person participation in the workshop will be required for all successful concept paper Applicants, regardless of whether the Applicant has indicated interest in being a prime- or a sub-partner in an eventual award; virtual participation of proposed sub-partners may be considered only if they are financially unable to attend the co-creation workshop. Discussions may continue between USAID and Applicants and among Applicants after the workshop is completed. **Note: Travel costs - and any other costs associated with attending the workshop - will not be reimbursed by USAID. If a successful concept paper Applicant cannot attend the co-creation workshop in person or virtually, their concept paper will be removed from consideration for award.**

The goals of the co-creation workshop will be to explore and validate key challenges and problems, and then jointly develop promising solutions or adapt and expand upon existing solutions, which will in turn become the potential sub-intermediate results or activities that will ultimately lead to the accomplishment of the Results listed in Section I (specific to the Round(s)). Ideas described within the concept papers may be discussed and further developed in the workshop, but workshop thinking, and possible eventual full applications, will not be limited to these ideas. The workshop is also intended to help identify potential consortia and partnerships to support these new or existing solutions and activities. This may result in organizations moving forward with implementation, if an award is made, of the solution(s) based on essential and complementary knowledge, skills, capacities, and networks. More broadly, the workshop will facilitate learning, sharing, and networking across a range of partners and relevant technical experts. The workshop therefore may include technical experts, potential resource partners,[41] and end users invited by USAID, in addition to those Applicants who submitted successful concept papers. Given these goals, potential participants must be willing to share expertise and ideas, and must welcome a diversity of perspectives and expertise, with the common goal of learning and innovating together to achieve the expected results.

Note on additional partners/resources: Until full applications are submitted, both the Applicant and USAID may identify and include potential additional technical partners and/or potential resource partners that may or may not have submitted concept papers. Additional partners may be included as sub-partners on a full application if there is an agreement to do so between the potential sub-partner, the original concept paper Applicant, and USAID, but this is not guaranteed. Discussions with potential technical and/or resource partners may continue throughout each Round's process and during implementation.

USAID reserves the right to remove any co-creation participant from award consideration should the parties fail to reach agreement on activity concept, design, award terms, conditions, or cost/price within a reasonable time, the participant fails to provide requested additional information in a timely manner, or the U.S. Government believes it is in its best interest.

Note: None of USAID's communication during the co-creation process in this APS should be interpreted as a commitment to making an award of USAID funding.

[41] Shared resourcing may be accomplished through funding by USAID, the award recipient, and/or third parties ("resource partners"), either through cash resources or the exchange of other resources, both tangible and intangible, such as in-kind contributions, expertise, intellectual property, brand value, high-value coordination, and access to key people, places, and information. Co-investing does not require equally shared resourcing (such as 1:1 leverage), but rather resource contributions that are appropriate to the specific project's objectives, considering the comparative advantages brought by the participation of each party and the award type or groups of Applicants that are proposing to work together.

Applicants are advised that participation in the co-creation process of this APS is entirely at their own risk; the Government is not responsible for any costs incurred by the Applicant, if the Applicant decides to accept the invitation to co-create with USAID. A commitment to an award of USAID funding is only made when a cooperative agreement is signed by the Agreement Officer.

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Phase 3: Full Application Process

After the co-creation workshop, if the Merit Review Committee decides a full application(s) is warranted, full application instructions and criteria will be provided to the selected Applicant(s). All full applications will be reviewed for their technical merit against the full application evaluation criteria by the Merit Review Committee. Using its technical expertise, the Merit Review Committee may suggest revisions and additions to the proposed project as well as potential partners and resources. USAID will continue to have robust communication with Applicants, potential partners, and other key stakeholders regarding the technical substance of the evolving approach, as well as the identity and roles of proposed or additional partners. USAID may request that key personnel of Applicants deemed responsive and eligible deliver an oral presentation describing their proposed technical approach to inform the technical merit review.

Agreement Officer Determination. If the Merit Review Committee selects application(s) for funding, its review will be shared with the Agreement Officer for cost analysis, final approval and award negotiation. During this stage, the Apparently Successful Applicant(s) and USAID can further design the technical approach, and clarify general resource requirements, additional partner involvement, and management control of the project under the guidance of the Agreement Officer. The Apparently Successful Applicant(s) may also be asked to provide additional information about its technical approach, capacity, management and organization, proposed cost and budget, responsibility, and representations and certifications.

The Agreement Officer will engage in final review, negotiation, and determinations of award responsibility, and cost reasonableness, and will draft a cooperative agreement, to be reviewed by the Apparently Successful Applicant(s). The standard provisions for awards are generally prescribed by law and regulation for cooperative agreements. Information regarding possible award provisions will be offered to all selected Applicants that are invited to submit a full application, as well as the final award provisions to the Apparently Successful Applicant(s) when the cooperative agreement is drafted. USAID reserves the right to accept applications in their entirety or to select only portions of the application to award. If the Apparently Successful Applicant(s) and USAID cannot arrive at a mutually agreeable arrangement, the Agreement Officer will not make the award(s), which will be at no cost to the Government.

If multiple awards are made under this APS, these recipients are expected to collaborate closely throughout the entire implementation phase.

<u>Funding Restrictions</u>

Major construction is not an allowable activity under this APS. Applicants may propose baseline needs assessments to outline minor beneficial refurbishments which will then be considered during the co-

creation and full application phases. Relevant risk assessments must be completed before the awardee(s) can incur costs for any minor renovation work per Section B.5.4 ~~I.I (E)(4)~~) in this document. ~~Also, USAID does not allow reimbursement of pre-award costs under any Round of this APS.~~

D.5 Unique Entity Identifier (UEI) and SAM Registration

If requested to submit a full application, the Applicant(s) is required to:

i. Obtain and provide a Unique Entity Identifier (UEI) (for the applicant and all proposed sub-recipients);
ii. Be registered in the System for Award Management (SAM) (https://sam.gov) before submitting its application;
iii. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

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

Applicants can find additional resources for registering in SAM, including a Quick Start Guide

- SAM: Quick Start Guide for New Grantee Registration
  https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf
- SAM: Quick Start Guide for International Registrants
  https://www.sam.gov/SAM/transcript/Quick_Guide_for_International_Entity_Registration.pdf

An exemption applies if the Applicant is an individual or Federal awarding agency that is exempted from those requirements under 2 CFR 25.110 (c), or has an exception approved by the Federal awarding agency (see ADS 303maz at https://www.usaid.gov/about-us/agency-policy/series-300/references-chapter/303maz).

Recipients must maintain an active SAM registration while they have an active award, and continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

USAID will not make a Federal award to an Applicant until the Applicant has complied with all applicable UEI and SAM requirements.

ANNEX I: CONCEPT PAPER FORMAT

Content and format instructions must be followed, or applicants' risk being found non-compliant and eliminated from the review. Applicants must submit only the information and materials requested with the suggested format specified below.

- US letter format, 8.5 inch by 11 inch (210mm by 297mm), single-spaced pages with margins no less than one inch on each border.
- Written in English or Portuguese
- Minimum 12-point Calibri font
- Any pages submitted beyond the five-page limit will not be evaluated. Additional documentation, such as annexes, charts and graphs that exceed the five pages will not be reviewed. USAID will not review any information provided in links in the Concept Paper. Graphics/charts/table may use different font and size, so long as it is eligible without magnification. Graphs, charts, and tables should be for illustrative purposes only and should not comprise the majority of the application text.
- Submit via Microsoft Word or PDF formats, except budget summary files which must be submitted in Microsoft Excel.
- All pages after the cover page must be consecutively numbered.

USAID will not accept any concept paper that is more than five (5) pages in length.

- Clarity and specificity are important as is ensuring that the Concept Paper narrative addresses the criteria outlined in this APS that will be used to review the Concept Paper. During the merit review process, USAID may reject funding for those Concept Papers that are vague or merely restate language found in the APS.

A. Concept Paper Cover Page (not included in five pages) – to the extent possible or applicable, please complete the following questions below: [Note that #1-10 shall be submitted as a cover page, not included in the five-page limit for the Concept Paper.]

1. Proposed Activity Name/Title: _____

2. Type of Proposed Organization/ Partnership (from Section ~~I~~ B of the APS):
_____

3. Period of Performance (i.e., start date and end date): _____

4. Overall Estimate of Funding Requested (in USDs):_____

5. Total Amount of Funding Requested from USAID and total amount leveraged (cost share if

applicable), including from what source(s): _____

6. Applicant Organization Name: _____

7. Applicant Contact Person (name, phone, e-mail): _____

8. Full Address for Applicant Organization: _____

9. Type of Organization [please include certification of incorporation] (e.g., US, non-US, multilateral, private, for-profit, nonprofit, etc.) date of incorporation, etc.):
_____

10. (If Applicable) Name(s) of Partner(s) Organization(s) (Applicants name Sub-partners here):
_____

B. Concept Introduction: (approximately ~~1~~3⁄4 page). Identify the problem your organization will address, linking it to one or more of the APS Result focus areas and briefly describe your organization's intervention for tackling this problem. Describe why there is a strategic need for your organization's concept, how it differs from alternatives, and any relevant partner- specific considerations for the problem or solution. Explain how the proposed project supports or relates to the Objective to support MNCHI+N.

C. Beneficiaries: (approximately 1⁄2 page). Describe the types of benefits the intervention will produce, and the types and range of people who will benefit from this intervention. Was the concept designed with end user input? If applicable, has it been, or can it be, adapted to reach women and men, ethnic and/or religious minorities, and youth? Can the concept be scaled up to reach more people?

D. Geographic Location: (approximately 1⁄2 page). In what location(s) within the provinces of Nampula, Zambezia, Niassa, and/or Tete (e.g., district etc.) is your organization proposing to operate? Describe key elements of, and actors in, the geographic location(s) in which your organization proposes to work? What are the biggest challenges and opportunities? Please provide a brief description of your organization's previous work experience in this geographic location.

E. Intervention approach: (approximately one [1] page). Building on the introduction, propose an approach for how this intervention will produce the desired impact in the focus area(s) identified. Briefly describe the critical barrier(s) or problem(s) related to the focus area(s) that your organization's concept addresses. Be sure to include information describing why the approach is creative or innovative, how it is potentially scalable, and evidence to support it as a tested solution or as an intervention likely to have a significant development impact and how it will be sustained.

F. Intervention results: (approximately one [1] page). As specifically as possible, describe the anticipated outputs, outcomes, results and/or impact of the proposed intervention. What are the key, quantifiable indicators related to your organization's project's performance or expected performance? What is your approach to monitoring and evaluating? What is the scale

needed to achieve results sufficient to address the problem? What are the baselines that your organization will measure before the project begins?

G. Cooperation: (approximately 1⁄4 page). Explain how you will cooperate with other organizations, projects, stakeholders, and government counterparts.

H. (If applicable) Partner roles: (approximately 1⁄2 page). Describe and define the role of other entities in the partnership. Describe how the proposed partners represent the appropriate combination of organizations to implement the proposed technical approach. This must include a description of the leveraged funding, if necessary, or sub-partners. Refer to the "Localization" section for more details if you are proposing local entities. If your organization is not proposing any partners, this section can be empty.

I. Applicant capacity: (approximately 1⁄2 page). Describe organizational capacity – technical, managerial, financial, staffing plans, etc. – to carry out the proposed intervention. What is the business model for your organization's intervention? Have you worked in this sector previously? If your organization is applying to mentor local and underutilized partners, describe the organization's credibility within targeted communities, and a demonstrable commitment to addressing the program area(s).

Signature of authorized individual

[END OF ANNEX I]

ANNEX II: BUDGET TEMPLATE

Applicants should submit one page illustrating the summary budget (in Microsoft Excel), and another page with the budget notes narrative. There is a maximum of two pages for the summary budget and the budget narrative.

(i) GENERIC BUDGET SUMMARY TEMPLATE

Description	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Personnel						
Fringe Benefits						
Travel & Transportation						
Equipment						
Supplies						
Subawards & Contracts						
Rapid Response Funds	$200,000	$200,000	$200,000	$200,000	$200,000	$200,000
Other Direct Costs						
Total Direct Costs						
Indirect Charges						
Sub-Total						
Grand Total						

(ii) BUDGET NOTES (Narrative Explaining the Summary Budget)

A. Proposed Estimated Cost and Cost Breakdown (~~1~~ 2 pages maximum)

Concept note submissions not following this format may not be reviewed by USAID. This Section should include a proposed budget and a summary budget narrative justifying proposed expenses.

If invited to submit one, the Request for Applications will require submission of a detailed budget and narrative.

* Note: A budget should reflect the total cost for the duration of the proposed project. If an organization does not have a General & Administrative (G&A) rate, then costs that normally are included in it should be accounted for as Direct costs.

[END OF ANNEX II]

END OF APS 72656APS2300001