USAID | GUINEA
FROM THE AMERICAN PEOPLE

Issue Date:	June 11, 2015
Deadline for Question/Clarifications:	June 25, 2015
Closing Date:	July 24, 2015
Closing Time:	04:30 PM US Eastern Daylight Time

Subject: Notice of Funding Opportunity Number: RFA-OAA-15-000024

Program Title: Guinea Health Service Delivery

Ladies/Gentlemen:

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

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

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

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

difficulty registering on www.grants.gov or accessing the NFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

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

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

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

Thank you for your interest in USAID programs.

Sincerely,

Alan Garceau
Agreement Officer

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SECTION A: PROGRAM DESCRIPTION

A. 1. INTRODUCTION

The United States Government (USG) seeks to enter into a Cooperative Agreement (the Agreement) for a five-year, $24 million Health Service Delivery (HSD) Program to address critical RMNCH issues in Guinea. Specifically, the award recipient (the Awardee) will play the lead role in supporting the development, introduction, and scale up of high-impact Reproductive, Maternal, Newborn and Child Health (RMNCH) interventions. In addition, this program will also support the efforts to rebuild and strengthen Guinea's health system in the wake of the devastating Ebola outbreak.

The HSD Program will contribute towards achieving USAID/Guinea's Development Objective of "*Utilization of Quality Health Services Increased*" as outlined in its 2015-2019 Country Development Cooperation Strategy (CDCS). In order to maximize impact, USAID/Guinea expects that the HSD Program will work in concert with two other multi-year health activities: 1) health systems strengthening (HSS), and 2) social behavior change communication (SBCC) and social mobilization. The expectation is that all three activities will interrelate, capitalizing on linkages and synergies among one another.

A. 2. BACKGROUND

Economic, Demographic and Health Profile of Guinea

Guinea is one of the poorest countries in Africa with a per capita Gross National Income (GNI) of $460 (2013). Guinea was ranked 178 out of 187 countries on the 2013 Human Development Index. Guinea's current population is approximately 10.6 million and is growing at a 3.1 percent annual rate. Guinea's demographic profile reflects a large and growing "youth" bulge as 42.5 percent of the population is under the age of fifteen. The life expectancy for women is 59.6 years and only 56.6 years for men, indicative of a heavy disease burden.

Family planning utilization is very low. While 90% of women know of at least one family planning method, only seven percent of women in Guinea are currently using a family planning method. In some regions, the statistics are much lower, such as Mamou where the rate for modern family planning contraceptive prevalence is only one percent. Delivery at health facilities with a skilled birth attendant

is as low as 40 percent. Maternal mortality remains one of the highest in the world at 724 per 100,000 live births and infant mortality is 123 per 1,000 live births (2012 DHS). Both of these are attributable to the failure of the health system to provide adequate emergency obstetric and postnatal care.
According to the 2012 Demographic and Health Survey (DHS), basic sanitation in Guinea is very poor, allowing cholera and typhoid epidemics to occur regularly. The study showed that diarrheal disease, malaria, and malnutrition are the leading causes of death among children under five years of age. Thirty-one percent of children under five years suffer from chronic malnutrition (stunting), and 10 percent suffer from acute malnutrition (wasting). Eighteen percent are underweight, 77 percent of children 6-59 months, and 49 percent of women 15 to 49 years of age are anemic. Only 21 percent of children under six months are exclusively breastfed.

The Government of Guinea's Public Health Sector

Guinea's health sector has three levels: 1) the first level is composed of health centers and health posts that are closest to communities; 2) the second level (intermediate level) is composed of prefectural and regional hospitals that are respectively the first and second level referral hospitals for health centers; and 3) the third level has two specialized national teaching hospitals: Donka and Ignace Deen. In addition to the two national teaching hospitals, the government of Guinea (GOG) recently built the Sino-Guinéenne hospital.

The GOG health sector budget is 2.54 percent of the national budget -- well below the 2001 Abuja recommendation of 15 percent. Additionally, this budget is not fully disbursed due to various factors. The absence of a national health insurance system places a high financial burden on families and communities and often limits access to services. The 2010 national health account reported that individuals and families pay over 64.3 percent of the total health costs, followed by international donors (19 percent) and the GOG (8.8 percent).

The GOG supports free antenatal care and delivery in all public health facilities by providing delivery kits, including supplies for cesarean section. However, the lack of transparency, accountability and support to this program, as well as the weak supply chain and under motivated health personnel hinders the entire health system. Vaccine shortages in the national pharmacy, an unreliable drug and vaccine distribution system, and a weak national outreach program for immunization services have collectively caused setbacks to the GOG immunization program.

Guinea's health system remains weak, despite donors' efforts to support the Ministry of Health to implement its programs, strategies, and policies. Health services are not fully integrated, for example, health promotion is not incorporated with key health prevention interventions such as immunization visits. Another example is that family planning counseling is not conducted during postpartum health visits. Both are illustrative of missed opportunities.

Inadequate human resources management and the lack of a clear career path has led to a scarcity of motivated health professionals to serve rural and urban areas outside of Conakry. This has resulted in unequal access to health services between the population of Conakry and those living in rural areas. There are no clear strategies for hiring, placement, and retention of staff, particularly in more remote locations. Furthermore, inadequate pre-service training of health professionals continues to affect the availability of qualified health care providers and specialists.

The utilization of GOG health services is low due to the perception of poor quality at all levels of the health system. In a set of surveys (the Afro-barometer) conducted between 2012 and 2013, Guineans reported that they encountered numerous problems with the health system. For example, 40 percent of Guineans reported that facilities were dirty, 42 percent reported a lack of attention or respect, and 47 percent reported that the doctors were absent from the facility. More than half of all respondents reported that the waiting lines were too long, that the facilities were too expensive, and that there was a lack of medical supplies. With the current Ebola outbreak in Guinea, health service utilization has decreased even further due to fears of contracting the disease at health centers.

Guineans lack confidence in health personnel, and their perception is that the quality and variety of services offered are poor, with limited outreach and frequent stock-outs of medications and supplies. There have been extensive stock-outs of basic health commodities such as long lasting insecticidal nets (LLINs), artemisinin combination therapy, and sulfadoxine-pyrimethamine (SP) partially as a result of well-documented management issues with previous grants from the Global Fund to fight AIDS, Tuberculosis and Malaria. Since the last DHS (2012), family planning utilization has further reduced, despite high knowledge of family planning methods. This is possibly due to stock-outs and lack of political will, as well as resistance by providers themselves. This lack of quality service and lack of confidence in the health system has resulted in lower than average utilization and coverage rates when compared to other West African countries:

- Women 15-49 years old using modern contraceptive method: 7 percent
- Unmet need for family planning: 24 percent

- Children age 12-23 months who are fully immunized: 36.6 percent
- Children age 6-59 months who received vitamin A supplement in the past six months: 40 percent
- Households with the minimum number of long-lasting insecticide-treated net LLINs to ensure adequate coverage of the household: 10 percent
- Pregnant women who slept under LLIN: 28 percent
- Children under five who slept under a LLIN: 26 percent
- Pregnant women who received SP/Fansidar during last prenatal appointment: 24 percent
- Children taken for fever care: 37 percent

Effects of Ebola

The Ebola outbreak of 2014-15 has had a devastating effect on routine health services, especially those related to RMNCH. Despite work by USAID and other partners to improve facility and community services, poor public perception of health service providers and service provision overall has been exacerbated by Ebola. Additionally, there is a reported preference for and use of community-based traditional services (probably due to a combination of accessibility, affordability, acceptability, and -- in the Forest Region at least-- mistrust of outsiders).

The widespread incidence of Ebola brought the health system to a near-standstill in Guinea due to a lack of regular monitoring and supervision, as well as a devastating loss of health workers (162 health workers have contracted Ebola, of whom 100 have died). Many more have abandoned their posts, which resulted in facility closures. Trust in both healthcare workers and facilities have further diminished due to fear of Ebola. In some cases Ebola-related prevention messages have had adverse effects; for example, messages to stop eating bush meat may be having a negative effect on protein intake among low-income rural families. Food insecurity is reportedly increasing with a probable negative effect on women and children's nutritional status. A recent UNDP socio-economic impact study on Guinea states that "the full impact [of Ebola] on essential medical services is unknown, hospital patronage dropped 50% in Conakry and as much as 90% in Guekedou." Additionally, vaccinations are down by 30 percent suggesting preventive services have been similarly affected (further evidenced by recently reported measles outbreak in N'Zérékoré). Additionally, the "no touch" policy for community Integrated Management of Newborn and Childhood Illness (IMNCI) leaves community health workers unsure whether to presumptively treat all fevers as malaria, refer them for malaria testing, or possibly refer them as suspect Ebola cases.

A preliminary review of service statistics shows a striking change in service utilization in affected areas. These changes in service utilization appear to be directly correlated to the perceived risk of Ebola in the health facilities in these areas. For example when Ebola first hit N'Zérékoré, there was a drop in service use. Utilization then re-bounded, but when Ebola re-emerged four months later, the resulting decrease in utilization was more significant. In the case of Conakry, when the Ebola outbreak hit other parts of the country, there was minimal impact in the use of services in Conakry. However, when Ebola cases emerged in Conakry, service utilization rapidly dropped. For Kankan, facility use dropped when Ebola arrived in the prefecture, but community service provision remained stable, presumably illustrating the point that robust confidence in community services remains in Kankan. Finally, in Faranah, where there has been no significant outbreak of Ebola, family planning service utilization increased. This perhaps indicates that because there is a demand for such services, people traveled to a place they deemed "safe." There was a similar pattern with assisted deliveries and caesarian sections- drop in services in response to Ebola outbreak in the area. It is unclear how much of the decrease in assisted births and caesarian sections is due to 1) a reduction in demand, 2) a reduction in offer of services (due to facility closure or health personnel unavailability) or 3) a reduction in data collected. Similar data trends and challenges are noted in Liberia as a result of Ebola. Even before the Ebola outbreak, the rate of caesarian sections was already below the minimum WHO threshold (between 5 percent and 15 percent of births are estimated to medically require a caesarian delivery) so the current, extremely low numbers of assisted and cesarean births mean women are dying in childbirth due to lack of appropriate or necessary care.

As of April 8, 2015, there have been over 3,093 confirmed cases of Ebola in Guinea, resulting in over 2,335 deaths. In Guinea, 162 of 2900 Ebola cases (5.5%) have been among healthcare workers. In its September 2014 Technical Assistance Proposal to Improve Healthcare Facility Infection Control, the US Centers for Disease Control and Prevention (CDC) reported that Guinea faces an acute shortage of infection prevention and control capacity to address the scale and scope of the outbreak. Guinea already had one of the lowest per capita numbers of healthcare workers in the world, which is a core area of USG/USAID investment for improved maternal and child health outcomes. Fear associated with risk of infection, combined with recent violence against health workers has resulted in their reluctance to report for work – further exacerbating health care worker shortages. Losing these healthcare workers threatens to further destabilize the healthcare system. Thus the Ebola crisis has not only directly impacted those who are infected, but has now also threatened the lives of those who depend on these healthcare workers for other life-saving services related to malaria, nutrition, and RMNCH.

Opportunities

Despite the devastating effects of Ebola on the healthcare system, the response has brought with it several new opportunities. For example, there is a boom in communications in Guinea in recent years with a large presence of public, private, urban and rural radio stations and new endeavors by mobile technology companies. The DHS 2012 showed 62 percent of households own radios, and approximately half of all respondents stated they listen at least weekly to the radio. TV viewership is surprisingly high with two-thirds of urban men and women watching at least once a week.

Private sector and religious-affiliated healthcare services play an important role in the overall system, providing up to 50% of care in Conakry. With the influx of Ebola-related activities related to contact tracing and community mobilization, the number of these service providers has swelled even further. Additionally, the social mobilization focus of the Ebola response was/is the Comité de Veille, set up in each village. Comités de Veille are grassroots community structures focusing on Ebola mobilization, monitoring, and gatekeeping within the communities. These Comités de Veille and existing networks of village health committees and community agents that have been active under the supervision of local NGOs could be harnessed for a longer term health promotion platform related to preventive and curative RMNCH services.

The weak health systems, lack of leadership and accountability, top-down approach of government, and the under-inclusion of marginalized communities, all of which contributed to the ferocity of the Ebola outbreak, must be transformed in order for Guinea to move beyond the current emergency. The shake-up of health and governance systems, in which communities are asserting their autonomy, and power and resources are being transferred to lower levels, provides the opportunity not just to rebuild trust in basic health services, but to also transform services and the community's role in providing and overseeing them.

A. 3. FOREIGN ASSISTANCE AND COUNTRY ASSISTANCE STRATEGY

The following section lays out the overarching USAID framework within which USAID/Guinea's integrated health investments function – and more specifically where this HSD Program will fit. This section also includes key USAID policies and initiatives that will affect its implementation.

USAID Forward

USAID reforms under "USAID Forward" focus on capacity building and country ownership strategies to ensure that USAID achieves high-impact development and sustainability, and makes effective use of its limited resources. In Guinea, USAID is committed to operationalizing the principles of USAID Forward's Implementation and Procurement Reform, specifically Objective 2, which aims to strengthen local civil society and private sector capacity to improve aid effectiveness and sustainability.[1] The HSD Program presents opportunities for USAID programs to work through local organizations, catalyzing available resources available through the private sector and philanthropic efforts and supporting technical assistance, mentoring, and skills building to ensure sustainability.

USAID's Health Specific Investments

Historically, USAID/Guinea's health investments have covered the following sub-sectors:

- *Maternal Health*: antenatal care, safe birthing, active management of third stage of labor (AMTSL) with the use of oxytocin, fistula repair and prevention, family planning and reproductive health, including clinical provision of long-acting reversible contraceptives, postpartum and post-abortion family planning, and community-based distribution and social marketing of family planning products.
- *Newborn Health*: essential newborn care, newborn resuscitation, postnatal care, early and exclusive breastfeeding, and early immunization.
- *Child Health:* promotion of early and exclusive breastfeeding, best practices in nutrition, community and clinical integrated management of newborn and childhood illnesses (such as acute respiratory infection, malaria, and diarrhea), and prevention of mother to child transmission of HIV.
- *Health System Strengthening:* building the capacity of Guinea's pharmaceutical system to deliver and monitor drugs, track stock outs, and ensure quality control; building the capacity of the national drug regulatory body and the national lab for drug quality control to improve quality assurance and quality control; providing evidence-based data to support regulatory

[1] http://forward.usaid.gov/

reforms related to the pharmaceutical system; and strengthening health management information system to enable the statistic bureau of the Ministry of Health to collect, analyze and report data to support evidence-based decision making.

- *Social and Behavior Change Communications (SBCC):* a comprehensive SBCC activity, Health Communication Capacity Collaborative (HC3) implemented by JHUCCP, begins mid-2015 to restore and help transform RMNCH services.
- Gender-based violence prevention and mitigation.
- Polio surveillance (through WHO).

As USAID/Guinea is a focus country for the President's Malaria Initiative (PMI), malaria-specific interventions are woven throughout all these sub-sectors.

Other Donor Support

Multiple donors are active in Guinea, supporting interventions to improve health outcomes and improve the life of Guineans, including:

- *The Global Fund:* The Global Fund is a key player in the health sector and provides a significant share of funding to combat HIV/AIDS, tuberculosis (TB), and malaria in Guinea. A $130 million grant was allocated to Guinea for 2014-2016 and will be disbursed after ongoing negotiation and submission of technical propositions for HIV/AIDS, TB and malaria prevention and treatment, as well as HSS. These funds complement PMI's efforts to address malaria and build national capacity for sustainable control of malaria in Guinea.
- *The UN Agencies:* Muskoka funds maternal and child health activities including family planning in Guinea. These efforts complement USAID's work in several areas including immunization, prevention of mother to child transmission, HSS, and fistula prevention and treatment.
- *The European Union (EU):* The European Development Funds (Fonds Européens de Dévelopment) have allocated $20 million to health. In addition, the French Agency for Development (AFD) provided $10 million dollars to the EU to implement basic health service with a focus on child survival, Maternal Health, Family Planning and nutrition in the region of N'Zérékoré. AFD's funding also focuses on strengthening the health information and pharmaceutical systems.
- *The World Bank:* Supports the Appui au Plan de Dévelopment Sanitaire (APNDS) which focuses on strengthening the health system, including human resources development in the eighteen neediest health districts.

USG Ebola Response in Guinea

The USG responded to the GOG's call to the international community to help with the unprecedented global health emergency. USG support has been multidimensional and inter-agency, led by the Disaster Assistance Response Team (DART). The CDC has taken the lead on contact tracing and database management. As the disease evolved, the CDC expanded its technical assistance to support the Ebola Operation Center, the Ebola Call Center, logistics, epidemiological surveillance and infection prevention and control. USAID through its bilateral development mission, the Office of Foreign Disaster Assistance (OFDA) and Food for Peace (FFP) is providing support to the Ebola response in areas such as:

- Personal protective equipment (PPE),
- Ebola Treatment Unit (ETU) construction and logistics,
- Food provision through World Food Program (WFP),
- Infection prevention and control in health facilities,
- Contact tracing, and
- Social mobilization and SBCC.

The USG through CDC and USAID is expanding its support to the recovery of the health system along with the World Bank and UN agencies.

Other Donor Support on Ebola

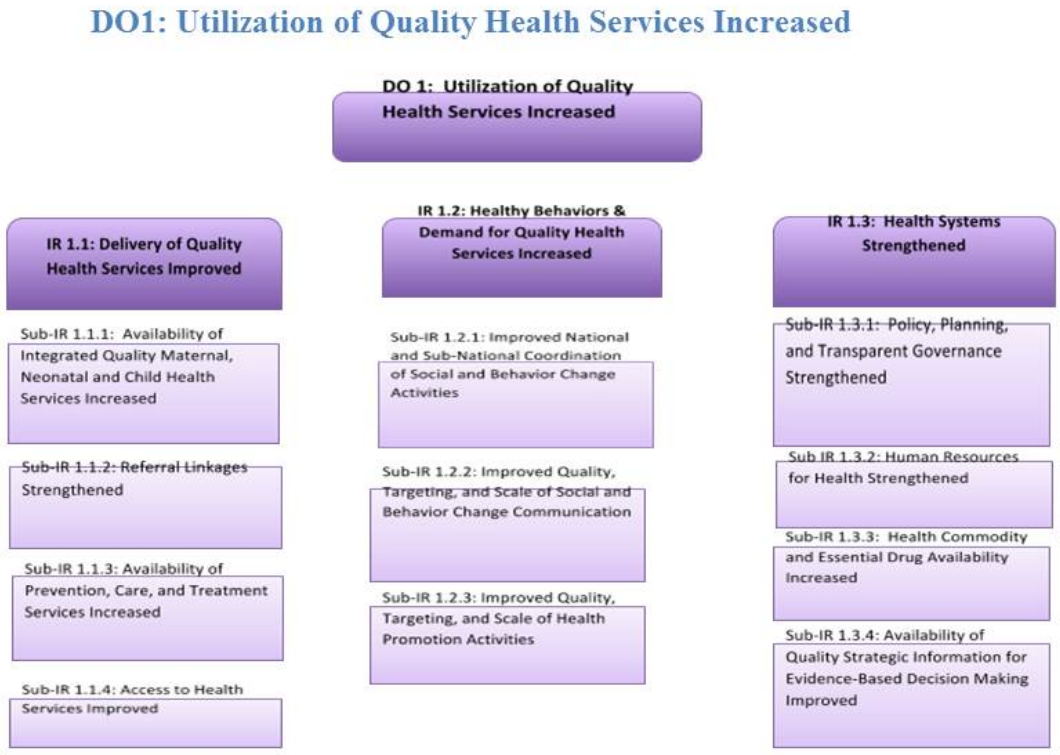
As the number of Ebola cases began to decrease in January 2015, the international community's support began re-orienting towards post-Ebola recovery. The Ministry of Health (MOH) has gathered all key stakeholders involved in the Ebola response to design an initial post-Ebola health system recovery strategy. Developed as a three-year strategy, the MOH aims to mobilize donor resources. Meanwhile, the UN Secretary General is proceeding with its own appeal for donor resources to support a fast post-Ebola recovery.

A. 4. OBJECTIVES AND RESULTS

The purpose of the HSD Program is to achieve measurable results and contribute to the achievement of USAID/Guinea's Development Objective (DO) 1: *Utilization of Quality Health Services Increased*, through Intermediate Result (IR) 1.1 *Delivery of Quality Health Services Improved*.

The Mission will have separate mechanisms to address IR 1.2 *Healthy Behaviors & Demand for Quality Health Services Increased* and 1.3 *Health Systems Strengthened*. However, the applicant (Applicant) will propose what activities that fall under IR 1.2 and IR 1.3 would naturally be a part of their health service delivery work (this should be no more than 10-15% of the level of effort). The Applicant will submit an application (Application) detailing how they will coordinate and collaborate to complement the Mission's stand-alone SBCC and HSS programs, to ensure greater impact throughout USAID investments.

IR 1.1: Delivery of Quality Health Services Improved



In order to increase the utilization of quality health services, there must be increased delivery of these services. Thus, USAID and the Awardee will make available integrated quality RMNCH services. USAID will expand access to family planning and reproductive health services and the integration of all of these services with malaria prevention, diagnosis, and treatment services.

As USAID/Guinea is a focus country for the PMI, malaria specific interventions are woven through the sub-IRs. The approaches used by PMI to promote health behaviors, increase health seeking behavior, and improve access to services are the same as those in the HSD Program so the programs will reinforce each other. Efforts to improve referrals and integrate services are intended to identify pregnant women and children, who fall ill more regularly than others, and ensure that they are provided

with the appropriate treatment. The activities to improve supply chain and pharmaceutical management will benefit PMI, and other infectious disease programs, through improving the Pharmacie Centrale de Guinée and the National Pharmaceutical Supply Chain. The Awardee must coordinate closely with the PMI which is currently implemented primarily through an activity known as STOP Palu. STOP Palu supports the prevention, diagnosis, and treatment of malaria through the following strategies: improved malaria prevention methods, improved diagnostic testing, and increased malaria treatment capacity. PMI is also implemented through the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) and DELIVER projects to improve supply chain and pharmaceutical management. In its first quarter the HSD Program is expected to develop joint activities with STOP Palu specifically to integrate malaria services for pregnant women and children at the facility level and through community health workers in high malaria risk areas impacted by Ebola. The Ebola outbreak has had a devastating impact on both RMNCH and malaria services, so the HSD Program and PMI will work together to develop and implement activities to support and train community health workers to safely bring services to communities and households as and where appropriate. The Awardee will work with SIAPS and DELIVER to strengthen supply chain to ensure it can support expanded and integrated services.

This IR has four Sub-IRs:

- Sub-IR 1.1.1: Availability of Integrated Quality Maternal, Neonatal and Child Health Services Increased
- Sub-IR 1.1.2: Referral Linkages Strengthened
- Sub-IR 1.1.3: Availability of Prevention, Care, and Treatment Services Increased
- Sub-IR 1.1.4: Access to Health Services Improved

Sub-IR 1.1.1: Availability of Integrated Quality Maternal, Neonatal and Child Health Services Increased

Applications must describe how Applicants will seek to increase the availability of high-quality integrated RMNCH services. This should be achieved through improved provision of essential services such as safe delivery, skilled birth attendance (including basic and comprehensive emergency obstetric and neonatal care), essential newborn care and treatment, and implementation of IMNCI activities to prevent and treat key childhood illnesses, such as acute respiratory infections, and diarrheal diseases. The HSD Program should also focus on building the institutional capacity of the National Direction of Family Health, the Safe Motherhood Program, the national IMNCI program and the National

Children's Health and Nutrition Institution (INSE) designated to reduce maternal, newborn and child morbidity and mortality.

This HSD Program will build upon seven years of USAID investment in fistula prevention and care in Guinea (Conakry, Labe, and Kissidougou). Out of the $24 million in resources for the HSD Program, $5 million ($1 million for each year of implementation) should be dedicated to fistula care. The HSD Program will support the National Fistula Control Strategic Plan and expand activities to the regional hospitals in the target areas of the HSD Program. A total of $4 million will support the implementation of non-fistula Maternal Child and Health (MCH) activities and $7 million will be used to support FP.

Sub-IR 1.1.2: Referral Linkages Strengthened

Timely referral to appropriate services is essential to improve the health system, treatment outcomes and survival. The additional step of follow-up for each referral ensures that beneficiaries capitalize on available services. Application must describe how Applicants will strengthen the referral system, including timely and consistent follow-up on case referrals, which will build the capacity of community health workers to quickly identify danger signs, initiate further referrals, and ensure treatment provision.

Sub-IR 1.1.3: Availability of Prevention, Care, and Treatment Services Increased

USAID is supporting implementation of high impact interventions building on the integrated approach to preventing and treating maternal, newborn and childhood diseases adopted by the GOG, WHO and international standards. The Awardee will continue to expand this approach. More concretely, and to improve this package of services, the Awardee will train and support supervision of health facility workers as well as community health workers to enable correct application of standards of care.

Sub-IR 1.1.4: Access to Health Services Improved

High quality services must be delivered at both community and facility levels. In Guinea, with its high fertility rate and child and maternal mortality ratios, family planning is a high-impact intervention to target. Socio-cultural factors create financial, cultural, and geographic barriers for women, which limit access to healthcare services.

Applications must describe how Applicants will develop innovative interventions, policies and practices; and state-of-the-art systems to improve access to health services such as: 1) scaling up high

impact and proven community health interventions; and 2) expanding community health care financing and services provided by community health organizations. Programming should increase the capacity of community health workers to be able to bridge the gap between communities and health facilities to ultimately improve access to family planning, maternal, newborn and child health services as well as other critical health services in Guinea. Activities should reduce financial barriers to health services by supporting community health care financing and improving services provided by community health organizations.

Applications must describe how Applicants will build public health sector capacity to (i) foster customer-friendly policies that focus on women and girls in particular, (ii) increase the availability of health products and services and, (iii) increase the equitable availability of these services.

IR 1.2: Healthy Behaviors and Demand for Quality Health Services Improved

This IR will not be a primary focus of the HSD Program, as results under this IR will be achieved primarily through activities implemented by other USAID partners. However, the Applicant may propose using up to 20% of total HSD Program resources for interventions under IR1.2 and IR1.3 if such an approach will help to better achieve results under IR1.1 and build synergies with the work of the other partners on IR 1.2 and IR 1.3.

This IR seeks to promote a culture which adopts healthy behaviors, including health seeking behaviors. The adoption of healthy behaviors will lead to healthy outcomes, including demand for quality health services. In order to achieve this, awareness and attitudes towards individual health must improve.

Health seeking behavior is an individual's or community's ability to make healthy choices in either their lifestyle or their use of health care and treatment services that will positively impact health. Health seeking behaviors occur at individual, family and community levels, such as practicing good hygiene, seeking health services from a health facility, or buying condoms from a local distributor.

This IR has three Sub-IRs:

- Sub-IR 1.2.1: Improved National and Sub-National Coordination of Social and Behavior Change Activities
- Sub-IR 1.2.2: Improved Quality, Targeting, and Scale of Social and Behavior Change Communication
- Sub-IR 1.2.3: Improved Quality, Targeting, and Scale of Health Promotion Activities

Sub-IR 1.2.1: Improved National and Sub-National Coordination of Social and Behavior Change Activities

Health promotion and advocacy should focus on conducting SBCC campaigns through media outreach of essential messages on key issues such as risky behavior, including sanitation; the importance of using bed nets and recognizing malaria symptoms; and reduction of harmful traditional practices, including prevention of early marriage, female genital mutilation/ circumcision, and gender-based violence.

Sub-IR 1.2.2: Improved Quality, Targeting, and Scale of Social and Behavior Change Communication

Activities under this Sub-IR will focus on changing behavior by improving the awareness and knowledge of preventive care among regional and prefectural decision makers, religious and community decision makers, mothers and youth, as well as vulnerable high-risk groups. Implementation of effective and systematic Information Education and Communication (IEC) interventions will increase the awareness, knowledge, and demand for and use of quality health services both at the community and facility levels.

Sub-IR 1.2.3: Improved Quality, Targeting, and Scale of Health Promotion Activities

Activities under this Sub-IR will continue to support critical approaches to health promotion including: 1) health education; 2) SBCC; and 3) addressing underlying social and cultural norms that are used to help individuals, families, and communities to develop a sense of responsibility for good health seeking behaviors. To this end, activities under this Sub-IR should encourage participation of civil society and promote supportive policies and regulations.

IR 1.3: Health Systems Strengthened

This IR will not be a primary focus of the HSD Program, as results under this IR will be achieved primarily through activities implemented by other USAID partners. However, the Applicant may propose using up to 20% of total HSD Program resources for interventions under IR1.2 and IR1.3 if such an approach will help to better achieve results under IR1.1 and build synergies with the work of the other partners on IR 1.2 and IR 1.3.

In order to increase utilization of quality health services, it is critical to strengthen the health system in Guinea. A governance approach to health is a strategic investment to improve access to health services and to safeguard the limited investment in the sector. USAID will focus on improving transparency in budget allocation and execution at the central and local level with a particular focus on HSS.

USAID resources will leverage other donor funds to strengthen the Health Management Information System (HMIS) to promote accountability and use of data for timely decision-making. The USG will partner with the private sector as well as with NGOs to ensure not only that quality services are provided to beneficiaries in target areas, but also that communities participate in decisions that affect their health. USAID's focus emphasizes improving institutional governance, while contributing to improved health outcomes. USAID will strengthen the capacity of civil society and community health organizations as well as individual champions at all levels of the health system to participate in decision making for resource allocation in health and to demand accountability in the management of health resources.

This IR has four Sub-IRs:

Sub-IR 1.3.1: Policy, Planning, and Transparent Governance Strengthened

Sub IR 1.3.2: Human Resources for Health Strengthened

Sub-IR 1.3.3: Health Commodity and Essential Drug Availability Increased

Sub-IR 1.3.4: Availability of Quality Strategic Information for Evidence-Based Decision Making Improved

Sub-IR 1.3.1: Policy, Planning, and Transparent Governance Strengthened

USAID will implement governance principles at all levels of the health sector. Activities under this Sub-IR should seek to improve transparency for increased equity in access to quality health services. This will be done principally through strengthening controls around the procurement and distribution of essential drugs, provision of services and administrative and financial management of hospitals and health centers. Activities should address crucial policy gaps and/or strengthen weak policies related to priority health issues (including: maternal and child health, malaria, and emerging and communicable diseases) emergency preparedness for health crisis, access and equity of health services, human resources, health financing, and governance.

Sub IR 1.3.2: Human Resources for Health Strengthened

Activities under this Sub-IR should provide support to MOH to finalize and to implement the Human Resource Development Strategic Plan to address the staffing disparity between rural and urban areas. These activities will increase human resource capacity for service delivery and management. Activities under this Sub-IR should continue to address the issue of human resource capacity through pre- and in-service training, developing tools and guidelines for service providers, and providing anatomic models and basic equipment for obstetric services. Well trained service providers should be equipped to detect and treat complications during pregnancy, labor, and post-delivery care. Activities should focus on performing caesarean sections, repair of lacerations, management of postpartum hemorrhages, and early detection and repair of fistula.

Sub-IR 1.3.3: Health Commodity and Essential Drug Availability Increased

Guinea's pharmaceutical system suffers severe weaknesses, ranging from poor governance to lack of accurate data and reporting systems guiding forecasting and procurement decisions. The Central Pharmacy of Guinea faces multiple challenges in ensuring that drugs and other commodities are distributed and made available for use in the health system in a timely manner. Budgets and transparency are also challenges. In order to ensure that quality drugs and other commodities are available to end users, activities under this Sub-IR will strengthen the institutional capacity of the Central Pharmacy by supporting the creation of a combined essential drugs supply and distribution strategy including forecasting, monitoring and logistics management and communication information systems.

Sub-IR 1.3.4: Availability of Quality Strategic Information for Evidence-Based Decision Making Improved

Unreliable data has been a major handicap for the MOH in decision making processes. To ensure that HMIS responds fully to the needs of the MOH and international partners, activities under this sub-IR will support the MOH by strengthening the monitoring and evaluation (M&E) capacity of the department in charge of HMIS. Focus will be on provision of technical assistance for policy up-dates, indicator development, and data collection harmonization while building capacity of technicians in the statistics department. Data quality continues to be a challenge due to the inability of the MOH to carry out data verification, which for the most part is compiled manually. Activities under this Sub-IR should build capacity of staff at the regional and prefectural levels and provide necessary equipment. USAID will support the reconciliation of data across the MOH, donors and other partners in order to construct a robust and standard set of health indicators that are centralized with the MOH and used by the GOG and donors for decision-making.

Illustrative Indicators

USAID expects Applicants to propose an ambitious set of program indicators to measure impact and track HSD Program implementation – which should be accompanied by baselines and proposed targets. The HSD Program must include indicators that will measure the impact in the area of service delivery. The list below includes illustrative indicators. However USAID expects Applicants to develop objectives and proposed results tailored to the high impact interventions and public-private partnerships within their technical approach:

1. Modern method contraceptive prevalence rate (MCPR)
2. Percent of births attended by a skilled birth attendant (SBA)
3. Proportion of women who received Intermittent Preventive Treatment (IPT) during Antenatal Care (ANC) visits during their last pregnancy
4. Number of laws, policies, or procedures drafted, updated, or adopted to promote health equity at the local, regional, or national level
5. Number of women giving birth who received uterotonics[2] in the third stage of labor through USG-supported programs
6. Number of fistula surgeries performed due to assistance from USG

2 Uterotonics are critical life-saving drugs that prevent postpartum hemorrhage

7. Percent of newborns receiving postnatal health check within two days of birth
8. Percent of health facilities with an integrated package of health services
9. Percent of health facilities with adequate/functioning referral system

A. 5. PROGRAMMATIC CONSIDERATIONS AND GUIDING PRINCIPLES

Mitigating Second-Order Impacts of Ebola

The GOG has been responding to the epidemic since it first emerged but continues to struggle with a number of issues such as: accessing all affected communities; providing services in the context of weak national health systems; endemic corruption; and the unavailability of the requisite medical personnel and commodities on a scale adequate to prevent, trace, and treat the disease. In addition to deaths from Ebola, health services are stretched thin and the system cannot adequately provide other necessary services.

A key element of the HSD Program should address the second-order impacts of the Ebola outbreak, while also building robust systems and institutionalizing practices to prevent another devastating outbreak, Ebola or otherwise. "Second order impacts" refers to health problems that have worsened because of the Ebola outbreak, aspects of the health system that have been weakened as a result of the Ebola outbreak (access to services, quality of care, etc.), and systems and protocols that need to be revised and strengthened in response to the Ebola outbreak (new protocols, training, infection prevention, more protective equipment, greater care with medical waste, etc.)

Approximately one-third ($7.5 million) of the budget for the HSD Program will consist of emergency non-Ebola health funding, appropriated by Congress to address the second order impacts of the Ebola outbreak. These funds will be obligated during the first year of the HSD Program and must be tracked and spent within two years [Please note previous guidance (p.9) that no more than 10-15% of the level of effort should be focused on IR 1.2 and IR 1.3]. Tied to this funding are specific reporting requirements. The Awardee must provide monthly reporting on achievements attained with this specific funding.

The Awardee will:

1. Monitor Ebola-related implications on reproductive, maternal, newborn, and child health and malaria service delivery and implement activities to restore services to a targeted

number of health facilities and communication (to be determined during the work plan development).

2. Transform services, through integration and quality improvement of maternal, newborn and child health services (EmONC, Family Planning, IMNCI) and extend these services to a targeted number of health facilities and communities (to be determined during the work plan development) to establish a more extensive and resilient health service delivery system which can better prevent and mitigate the impact of public health crises.

3. Strengthen referral systems, which are linked to relevant HMIS systems, to ensure that patients with fevers of unknown origins are referred to the appropriate services.

4. Identify potential avenues for building resiliency into Guinea's health system and recovering from the impact of Ebola such as: institutionalizing infection prevention and control, capacity building of healthcare workers to provide key RMNCH services including family planning, and strengthening supply chain management at the facility level to ensure proper forecasting of medical commodities (including PPE) and medicines.

Public-Private Partnerships (PPPs)

USAID views partnerships as an arrangement involving two or more parties acting together to achieve a common goal and/or objective by bringing to bear a set of complementary assets. Ideally, each partner offers assets that draw on its core institutional capabilities. Moreover, the process of partnering produces concrete value-added attributes that benefit all partners, helping each to achieve something that no single partner could have achieved on its own. Similarly, each partner is better able to achieve its own objectives than it could have operating alone. As USAID/Guinea favors partnerships because of their potential for long-term benefits to targeted communities and beneficiaries, Applicants are expected to demonstrate in their technical approach how interventions will create opportunities for private sector collaboration and sustained programmatic impact.

The MOH has prioritized the application of advanced Information and Communications Technology (ICT), and USAID/Guinea is an active proponent of using ICT to improve quality service delivery in the health sector. Applicants are encouraged to explore private sector partnership opportunities that integrate science and technological innovations that increase access to family planning, develop

maternal, newborn and child health services, and improve performance delivery for a transformed Guinean health system including a reliable, effective and transparent pharmaceutical system.

Applications must describe how Applicants will seek, develop, and maintain private and public sector partnerships that augment HSD Program interventions and sustain them beyond the life of the HSD Program without additional USG funds. The Awardee is expected to involve the private sector in service delivery management costs that also address their business interests. As an example, major employers in the agriculture, shipping, and telecom industries share USAID values for healthy workforces and availability of viable health care providers

Historically, USAID Missions undertaking PPPs or Global Development Alliances (GDAs) that leverage private sector cash and in-kind resources, jointly design, plan, and manage activities with implementation partners. The Awardee could be asked to track the leverage ratio, or the proportion of private sector funds relative to USG funds invested in the development program. As an additional requirement, PPPs/GDAs must achieve at least a 1:1 ratio of USG to private sector funds. Over the years, USAID has identified a broader array of benefits other than leverage that come with working in partnership such as private sector acumen brought to bear in achieving public national development results.

Pre-service Education

The Recipient is expected to build on success of previous USAID projects in pre-service education to build capacity of future service providers and health human resources to address issues related to maternal, newborn and child health. Specifically, the Recipient must build a comprehensive institutional capacity of the midwifery of Kindia and the medical school of the University of Conakry, and is expected to expand support to private universities providing medical training as well as public and private vocational health schools training doctors, midwives, nurses, lab technicians, pharmacists' technicians, social assistance and other health related areas. The Recipient is expected to work in collaboration with the relevant ministries in providing such support to ensure a Government appropriation. This will include harmonizing curricula and providing support to specialization curricula and promotion of women specialization in key public health areas related to maternal and child health.

Training and Mentorship

The Recipient is also expected to develop a strategy to build the institutional capacity of specialized institutions and services such as the neonatology and nutrition institute (INSE), the maternity services

in the national hospitals and link them to district and regional hospitals to develop a mentorship programs to allow those that have high level skills to train, monitor and expand specific services in hospitals up-country to allow the workforce that accepted to work in remote areas to keep linked to the central level and get updated on new technologies and current sciences and implement standards operating procedures and national policies and strategies. This mentorship will include also a women leadership development in the area of health and within the health system to develop the leadership competencies among women to foster maternal and child health in Guinea.

Geographic Coverage

The HSD Program will target Boké, Conakry, Kindia, Mamou, Faranah, Kankan and Labé. The Awardee will create linkages with other donors and stakeholders implementing interventions in these areas. Applicants are welcome to propose additional focus areas and USAID encourages a strategic approach in the selection of these prefectures based on current epidemiology, health need, and other donor support.

Partnership with other USAID Programs

Applications must describe how Applicants will collaborate closely and create synergies with other USAID implementing partners at the local level in geographic areas covered by USAID health sector partners. These include: i) programs covering high impact RMNCH services including nutrition; malaria prevention, control and treatment; HSS, including commodity/pharmaceutical logistics; ii) USAID supported interventions in other sectors, such as agriculture and economic growth (e.g., Feed the Future), and governance where it is appropriate; and, iii) other donors and actors in the health sector.

Local Capacity Development

A key element of the HSD Program is to build the institutional, organizational and advocacy capacity of local NGOs and Community Based Organizations (CBOs) within Guinea. Local NGOs and CBOs will be important facilitators of the citizen engagement process by assisting in such areas as direct service provision, advocacy for accountability, and transparency, and will act as intermediaries between their stakeholders at different levels of government (National vs. Sub-national), and at various links in the delivery supply chain. Applicants are expected to identify, partner with, and strengthen

civil society organizations that can help meet HSD Program objectives and achieve results. While civil society organizations remain quite weak in Guinea, engagement of local government authorities to provide essential services to clients should be considered as a means of strengthening local capacity and ensuring sustainability of efforts after the life of the HSD Program. Applicants should be able to clearly define the mission objective of potential local NGOs, and then assess the capacity gap, and propose resources to mitigate risks inherent in administering a USAID grant. In years 1 and 2 of HSD Program implementation, the Awardee will identify two or three local NGOs and strengthen their financial management and operational capacity to receive direct USAID funding. In years 2 and/or 3 the Awardee will provide funding directly to these organizations to address local service delivery challenges.

Gender Considerations

USAID's commitment to advance gender equality and pursue women's empowerment should be fully reflected in all proposed technical approaches. Applicants should incorporate gender considerations, ensuring that both men and women both benefit from USAID support and that gender sensitivity is built-in to all activities. Furthermore, Applicants should endeavor to consider women's empowerment in seeking health services and control over health decision making as well as the potential conflicts any activities may create. USAID will consider the appropriateness of Applicants' proposed activities, staff, and budget with regard to gender integration. Applications should specifically show how gender issues will be addressed; how results will be determined taking gender into account; and what resources will be provided to do this. To ensure that USAID assistance makes possible the optimal contribution to gender equality in developing all components, Applicants must consider the following two questions:

1. *How will the different roles and status of women and men within the community, political sphere, workplace, and household (for example, roles in decision-making and different access to and control over resources and services) affect the work to be undertaken?*

2. *How will the anticipated results of the work affect women and men differently?*

The purpose of the first question is to ensure that 1) the differences in the roles and status of women and men are examined; and 2) any inequalities or differences that will impede achieving results are addressed in the planned work design. The second question calls for another level of analysis in which the anticipated programming results are: 1) fully examined regarding the possible different effects on

women and men; and 2) the design is adjusted as necessary to ensure equitable and sustainable HSD Program impact. Applicants should propose an approach to increase the technical capacity of women leaders in the area of reproductive and maternal and child health.

A. 6. MONITORING AND EVALUATION

Performance-based monitoring is essential for ensuring management and results achievement of the HSD Program, and therefore the Awardee will be required to develop and maintain a performance monitoring system to track tangible, measurable progress toward the results under this program description. Specifically, this HSD Program will require a Results Framework and a Performance Monitoring Plan (PMP). The Results Framework should illustrate the causal logic of lower level sub-intermediate results, leading to intermediate results that in turn lead to the achievement of the overall Objective/Goal of the HSD Program. The PMP should include clearly defined indicators, baselines, and targets for output, outcome, and impact level monitoring, as well as benchmarks for performance over the five year implementation period. It should also contain metrics for the sustainability of successful interventions introduced with HSD Program support. An illustrative PMP is to be included in the Application, with the final version submitted to the AOR within 30 days of the Award. USAID expects the illustrative PMP to populate with as many figures as possible and few TBDs. During implementation, the Awardee will be using the PMP to track and report on progress against jointly agreed-upon quarter, semi-annual, annual, and end-of-program performance targets and benchmarks. Additionally, the Awardee will empirically demonstrate how activities build the institutional capacity of key local NGOs and CBOs, the MOH and local government authorities. All performance indicators and targets should be gender disaggregated wherever possible. USAID Guinea may require the Awardee to track and report on additional performance indicators subject to changing of Agency guidance and/or the requirements of specific funding sources and the Mission's own PMP.

USAID will be responsible for conducting an independent third-party ***mid-term*** evaluation to assess the progress of the HSD Program and identify any necessary course corrections. Specifically, the evaluation will focus on progress towards expanded access of services, increased coverage of services, and improved quality of standards for delivering services. In addition to access, coverage, and quality, the mid-term evaluation will investigate the extent to which demand creation and quality improvement of these services and required systems strengthening to ensure sustainability are on track. As with all

USAID evaluations, the evaluations will include other questions that are pertinent to program design, management, and operational decision making.

USAID will also be responsible for conducting a third-party ***end-of-project*** evaluation to assess the state of the overall reproductive, maternal, newborn, and child health efforts in the target areas and to determine the extent to which the HSD Program met its objectives and results were achieved in the context of the comprehensive USAID health investment within Guinea, the reasons for the variance per available baseline data, and how the review's findings can further inform RMNCH work. As with all USAID evaluations, the evaluations will include other questions that are pertinent to program design, management, and operational decision-making.

Notwithstanding the need for semi-annual and annual reporting, the Awardee must immediately notify USAID/Guinea of any developments that have a significant impact on award-supported activities. Further, notification must be given in the case of problems, delays, or adverse conditions, which materially impair the ability to meet the objectives of the HSD Program. These notifications must include a statement of the action taken or contemplated, and any assistance needed to resolve the situation. This is a Program area that may require high-level USAID or Embassy intervention to catalyze movement or advocate for a viewpoint. At a minimum, the Awardee will be required to meet regularly with the AOR and submit written quarterly performance progress reports on implementation and strategic direction of the HSD Program.

A. 7. PERSONNEL REQUIREMENTS

Applicants shall propose technical personnel and other personnel, as deemed appropriate, to implement the major tasks above. USAID anticipates that a large proportion of the work will be done by Guineans. The four positions deemed as Key Personnel include: 1) Chief of Party; 2) Senior Technical Advisor; 3) Director of Finance/Administration; and 4) Monitoring and Evaluation Specialist. Key Personnel (and any changes to those individuals specified) will require concurrence of the AOR and approval of the Agreement Officer (AO) throughout the life of the Agreement.

It is useful that other essential positions be identified and potential candidates described in the proposed applications so as to provide a clear view of the approach to technical components of the work. In addition, specific expertise may need to be focused on key components of the work to be

conducted. CVs or brief bio-sketches of key proposed consultants, whose expertise would strengthen the merit of the application, are also to be included in the Application.

Chief of Party

Applicants shall propose a senior person with at least 10 years of public health leadership experience including previous experience as Chief of Party or similar level(or equivalent level), and direct extensive experience managing people and international programs. Additionally the candidate must possess at least a Master's in Public Health. Ideally Guinean, this individual will be accountable for achieving all HSD Program results. Knowledge of international organizations and/or donor organizations' assistance policies and reporting requirements are highly desirable. The Chief of Party should have demonstrated capabilities and high-level expertise in RMNCH issues. This Chief of Party must have strong demonstrated skills and a track record in strategic visioning and leadership, and possess effective skills for interacting with the private sector, as well as senior-level policy-makers. The Chief of Party must be highly competent in building networks, have strong problem-solving skills, and possess ability to influence with effective listening, strong communication, persuasion, negotiation, and other techniques. The Chief of Party must also demonstrate exceptional written and oral communication skills in French and English. Familiarity with the political, social, economic, and cultural context of working in Guinea is necessary. Strong diplomatic skills and an ability to work in multi-cultural settings with several types and levels of professionals are necessary. The Chief of Party must understand effective personnel management, coordination, and decision-making skills, with an ability to be accountable for all components of the program.

Senior Technical Advisor

The Senior Technical Advisor must possess at least a Master's Degree in Public Health (doctorate preferred) or a related field. S/he should have a solid foundation in RMNCH, with at least 10 years of professional experience. S/he should have a strong implementation track record, and at least seven years of experience in the management, design and implementation of health programs, particularly orientated at the community level. S/he should possess similar capabilities as the Chief of Party, but will serve as the primary mentor for the technical team focused on improving and expanding integrated RMNCH services. It is important that the Senior Technical Advisor have the ability to conceptualize, describe, and communicate a vision of what will work well in the Guinean environment, and help set the stage for its achievement. The proposed Senior Technical Advisor must have the ability to develop M&E tools and practices, indicators, and mentor staff on good monitoring practices. Experience with public-private partnerships for expansion of programs is highly desirable. The candidate must possess

at least an equivalent to the Foreign Service Institute level 3/3 proficiency in English and French language skills.

Director of Finance/Administration

The Director of Finance/Administration must possess at least a Bachelor's Degree (Master's Degree in Business or Public Administration preferred) with a focus on Accounting or Finance – and at least six years' experience managing finances for large NGO programs. In the absence of a business or public administration degree, the candidate should have proven extensive experience in project financial management, including financial controls and audit, as well as reporting on accruals, pipeline, and expense validation and reimbursement to service providers. S/he should have experience with large donor organizations. Knowledge of International organization and/or donor organizations' policies/procedures is desired. The candidate must possess at least an equivalent to the Foreign Service Institute level 3/3 proficiency in English and French language skills. It is necessary that s/he have a thorough understanding of and experience using accountability and accounting practices

The Monitoring and Evaluation (M&E) Specialist

The M&E Specialist shall have a Master's degree in public health, or a relevant discipline. S/he should have a minimum of five years of progressively responsible professional experience in a performance monitoring and/or evaluation role with an international development organization. S/he must also be able to demonstrate ability in data analysis, project design, monitoring, and evaluation of development activities. Experience developing results frameworks, logical frameworks, or similar tools for project design, is required. Experience developing and/or using performance management plans, or similar tools is required. The M&E specialist must have demonstrated knowledge of and experience in monitoring and evaluating programs—including indicator development, study design, and data analysis—in multiple sectors. Experience using knowledge management software or database is highly desired. The candidate must possess at least an equivalent to the Foreign Service Institute level 3/3 proficiency in English and French language skills.

Other Personnel

The Awardee has the discretion to determine the proper number and mix of additional personnel, personnel from local organizations, short-term technical staff, and others to meet HSD Program requirements, to be described in the Application. If the Applicant proposes technical leads for particular areas, USAID strongly encourages that Guineans (i.e., locally (non-overseas)-hired technical

leads be considered and proposed for all positions. Familiarity with the political, social, economic, and cultural context of working in Guinea is also necessary.

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

B. 1. Estimate of Funds Available and Number of Awards Contemplated

Subject to funding availability, USAID intends to provide $24 Million in total USAID funding over a Five (5) year period. The ceiling for this program is $24 Million. Actual funding amounts are subject to availability of funds.

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

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

B. 2. Start Date and Period of Performance for Federal Awards

The period of performance anticipated herein is Five (5) years The estimated start date will be upon the signature of the award, on or about November 10, 2015.

B. 3. Substantial Involvement

USAID/Guinea anticipates a close working partnership with substantial involvement in the Awardee's activities. USAID shall be substantially involved during the implementation of the Agreement in the following ways:

- Review and approval of Annual Work Plans and modifications thereof;
- Review and Approval of the PMP. USAID will be involved in monitoring progress toward achievement of the overall goal, objectives, and expected results during the course of the Agreement;
- Review and consent of the selection of any individual grants/sub-awards to any organization;
- Approval of Key Personnel, including any changes to Key Personnel;
- Monitoring to authorize specified kinds of direction or redirection because of interrelationships with other projects;

- Approval of all domestic and international travel in work plan with prior budget approval of associated costs; and
- Any modification to the Agreement, work plans or other documents.

B. 4. Title to Property

Property title under the resultant agreement will be vested with the Cooperating Country (Host Government).

B. 5. Authorized Geographic Code

The Authorized Geographic Code for procurement of goods and services under the resulting award is 935. This includes any area or country in the Free World, including the cooperating country. The Free World does not include the foreign policy excluded countries.

B. 6. Purpose of the Award

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

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

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

C. 1. Eligible Applicants

U.S. and non-U.S. organizations may participate in this NFO.

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

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

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

C. 2. Cost Sharing or Matching

Cost sharing is suggested but not required. USAID has not established a recommended cost share. Organizations may propose a cost share percentage if they so choose . 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 implementation of activities at the country level. For guidance on cost sharing in cooperative agreements, see 2 CFR 200 and 700, and ADS 303.3.10.

C.3. Number of Applications

Organizations may submit only one application under this RFA.

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

D. 1. Agency Point of Contact

Alan Garceau
Agreement Officer
USAID Guinea and Sierra Leone
301 4th Street, SW
Washington, DC 20547
Email: agarceau@usaid.gov

Questions and Answers:

All questions regarding this NFO should be submitted in writing to the Agreement Officer at the e-mail address above.

Questions regarding this NFO should be submitted by email no later than June 25, 2015 at 4:30 PM US Eastern Daylight Time to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation. Any information given to a prospective Applicant concerning this NFO will be furnished promptly to all other prospective Applicants as an amendment to this NFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

D. 2. Content and Form of Application Submission

Only electronically (by email) submitted applications will be accepted. No hard copy or fax applications will be accepted. Applications should be emailed to: agarceau@USAID.gov , Each email and its attachments should not exceed 4MB.

Applications must be no more than 25 pages, in Times New Roman 11pt., compatible MS Word and PDF (Adobe Acrobat with Optical Character Recognition) versions with budgets as text accessible, Excel spreadsheets should show all corresponding formulas and calculations. In case of any conflicts between the MS Word and .pdf versions of the application, the .pdf version will govern as it will be the version presented to the Technical Evaluation Panel. Applicants are advised that any pages exceeding any of the prescribed limits below shall not be considered for evaluation.

All applications received by the deadline will be reviewed for responsiveness to the specifications

outlined in these guidelines and the application format. Applications which are submitted late or are incomplete run the risk of not being considered in the review process. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

Applications must take into account the merit review criteria provided in Section E and must include the Representations and Certifications provided in the NFO. In the event Representations and Certifications are not submitted with the Application, they must be completed before final award is made.
Applicants are expected to review, understand, and comply with all aspects of the NFO.

Preparation of Applications:

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

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

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

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

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

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

D. 3. Application Submission Procedures

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

Applicants may upload applications to http://www.grants.gov. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions.

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

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

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

D. 4. Technical Application Format

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

The Technical Application should be in English, Times New Roman 11 point font, compatible with MS Word and PDF versions and budgets as text accessible, Excel spreadsheets (showing all corresponding formulas and calculations).

The technical application (No more than 25 pages, excluding annexes) shall include the following sections:

(i) Cover Page

The Cover Page should include the following:

a. Program title;

b. Request for Applications reference number;

c. Name of organization (s) applying for the agreement;

d. Any partnerships; and

e. Contact person, telephone number, fax number, address, and types name(s) and title(s) of person(s) who prepared the application, and corresponding signatures.

(ii) Table of contents that follows the technical application format outlined herein.

D. 5. Cost Application Format

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

The Cost or Business application is to be submitted under a separate cover from the Technical application. The Cost/Business application is also to be submitted on CD in Microsoft Excel 2000or Excel 2003. The Applicant is requested to submit a budget broken down by program years with an accompanying detailed budget narrative (in Word 2000 or Word 2003 text accessible) which provides in detail the total costs for implementation of the program as further detailed below.

Certain documents are required to be submitted by an Applicant in order for the Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden Applicants with undue reporting requirements if that information is readily available through other sources. There is no

page limit on the Cost Application. However, unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this NFO is not desired. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

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

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

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

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

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

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

Pursuant to 2 CFR 200 Contract means a legal instrument by which the Applicant purchases property or services needed to carry out the project or program under a resulting award. The term does not include a legal instrument when the substance of the transaction meets the definition of a Federal award

or sub-award (see § 200.92 Sub-award), even if the Applicant considers it a contract. The Applicant must describe the work to be performed, the risk borne by the contractor, the contractor's investment, the amount of subcontracting proposed by the contractor, and the quality of its record of past performance for similar work. For-profit contract organizations that work under the award and do not meet the above definition of a sub-awardee are eligible for profit/fee.

The cost/business application should contain the budget categories: as shown on the SF-424A
The Applicant must submit a Negotiated Indirect Cost Rate Agreement NICRA if the organization has such an agreement with an agency or department of the U.S. Government. If no NICRA the Applicant should submit the following:

Reviewed Financial Statements Report: a report issued by a Certified Public Account (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation. The account must also state the he or she is not aware of any material modifications that should be made to the financial statements; or

Audited Financial Statements Report: An auditor issues a report documenting the audit was conducted in accordance with Generally Accepted Auditing Standards (GAAS), the financial statements are the responsibility of management, provides an opinion that the financial statements present fairly in all material respects the financial position of the company and the results of operations are in conformity with the applicable financial reporting framework (or issues a qualified opinion if the financial statements are not in conformity with the applicable financial reporting framework.
Guidance: State clearly whether cost sharing is required for the applicant to be eligible (see 303.3.10), cost sharing is suggested (that is, voluntary) but not required, or cost sharing is not required.

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

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

1. Required assurances, certifications and representations

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

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

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

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

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

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

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

4. Statutory and Regulation Certifications

The Applicant shall complete the certifications in Section IV, B. Required Certifications and sign and date in the signature space provided. The signed and dated printout must then be submitted with the application as an annex to the cost application. Original signed hardcopy of the certifications will be requested from the successful applicant prior to the agreement award.

D. 6. Potential Request for Additional Documentation

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

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

-Whether the organizational travel, procurement, financial management, accounting manual and personnel policies and procedures, especially regarding salary, promotion, leave, differentials, etc., submitted under this section have been reviewed and approved by any agency of the Federal Government, and if so, provide the name, address, and phone number of the cognizant reviewing official. The Applicant should provide copies of the same.

D. 7. Required Certifications

The Cost Application must include the following signed Certifications, Assurances and Other Statements of the Applicant, which may be found at:
http://www.usaid.gov/policy/ads/200/303sad.pdfhttp://www.usaid.gov/policy/ads/200/303sad.pdf

D. 8. Unique Entity Identifier and System for Award Management

Dun and Bradstreet and SAM.gov Requirements

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

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

(ii) Provide a valid unique entity identifier in its application; and

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

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

D. 9. Funding Restrictions

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

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

USAID intends to award single Cooperative Agreement as a result of this solicitation. However, USAID reserves the right to make more than one award or no award if determined to be in the best interest of the Government.

Each application submitted in response to this NFO will be reviewed according to the process set forth below. Applicant should note that these criteria serve to: (a) identify the significant matters that Applicant should address in their applications and (b) set the standard against which application will be evaluated.

A Technical Evaluation Committee (TEC) will evaluate Technical application according to the criteria described below. Committee members will examine the logic, feasibility and appropriateness of the technical approach, including responsiveness to cross-cutting themes, indicators and anticipated development results or impacts; quality and availability of personnel in response to stated qualifications or requirements; and several institutional factors.

The following evaluation criteria will be used to make an award decision.

Criteria	**Points**
Design of the Proposed Project	40
Key Personnel and Proposed Staffing Pattern	30
Project Management, Technical Experience and Institutional Capacity	15
Monitoring and Evaluation Plan	10
Gender	5
Total	**100**

The Technical Application will be evaluated on the following criteria and scoring:

Design of the Proposed Project (40 points)

- Demonstrated understanding of the national and local political landscape, understanding of the RMNCH services delivery system and its limitations, the impact of Ebola on health service delivery, and broad and deep insight into the Guinean context, as well as knowledge of current national/regional strategies, programs, structures, and opportunities; and any recommended changes to the existing strategies, financing, other systems, or regulatory framework.
- Technical quality of the application to address the second-order* impacts of the Ebola outbreak and to institutionalize practices to prevent another devastating outbreak; and program design which facilitates expenditure of $7.5 million over 18-24 months with measureable impact.

*'Second order impacts' refers to health problems that have worsened because of the Ebola outbreak, aspects of the health system that have been weakened as a result of the Ebola outbreak (access to services, quality of care, etc.), and systems and protocols that need to be revised and strengthened in response to the Ebola outbreak (new protocols and training and infection prevention, more protective equipment, greater care with medical waste, etc.).

- Technical quality of the application including: 1) a strategic vision for the interventions; 2) a clear set of results leading to an overall goal with heavy emphasis placed on the application of dynamic and innovative examples of promising practices; 3) feasibility of implementing strategy 4) flexibility within strategy to adjust interventions with experience; 5) potential for measurable impact and 6) plans for direct and continued involvement with local entities to facilitate change that will catalyze improved equity, access, and quality of reproductive, maternal, newborn, and child health services in Guinea, including planned linkages to existing resources and structures, resulting in a game changing environment for improved child and maternal health outcomes

Key Personnel and Proposed Staffing Pattern (30 points)

- Expertise, experience and qualifications of the proposed candidates for each of the four Key Personnel positions in relation to minimum requirements and preferences for each position.
- Evidence that the proposed organizational structure for the project has an appropriate size, breadth, and reporting effectiveness; and content that demonstrates how the project will become increasingly cost effective and sustainable.

Project Management, Technical Experience and Institutional Capacity (15 points)

- Demonstrated broad experience, technical expertise, and a successful track record of the Applicant's organization in the proposed area of work, including experience with the Government of Guinea (at federal, provincial, and district levels).
- Demonstrated effectiveness in working as a trusted partner with the private sector, as well as local and provincial government entities for collaborative success.
- Technical and administrative capacity to oversee the proposed project, particularly through Guinean ownership over time.
- Capacity for immediate start-up.
- *If the proposal includes partners, demonstrated experience of the Applicant in leading an effective consortium and the technical expertise of each partner.*

Monitoring and Evaluation Plan (10 points)

- Proposed monitoring systems (including PMP) that will provide for necessary monitoring and reporting on the proposed activities. Proposed indicators which are measurable and will reflect programmatic impact including monitoring and reporting, as frequently as monthly within the first 2 years of the project, on the impact of efforts to restore essential services which were impacted by Ebola.

Gender (5 points)

- Evidence that the proposed project will: (1) address disparities in opportunities for women and girl children to access to health services, (2) strengthen women's decision-making and access to resources, (3) promote communications that can change practices of accessing RMNCH services, as well as improved maternal and child care in the community, and (4) promote roles of women in providing services and managing health services.

Total: 100 Points

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F.1. Federal Award Notices

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

Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

F.2. Administrative & National Policy Requirements

Following selection for award, a Recipient will receive an electronic copy of the notice of award signed by the Agreement Officer which serves as the authorizing document. USAID will issue the award to the contacts specified by the Applicant in its application documents and/or the Authorized Individuals submitted by the Applicant.

2 CFR 700, 2 CFR 200, applicable OMB Circulars (i.e., A-21 for Universities or A-122 for Non-Profit Organizations, and A-133) and ADS 303 (http://www.usaid.gov/policy/ads/300/303.pdf), Standard Provisions for U.S. and Non-US Non-governmental Organizations are applicable. Resulting awards to U.S. Non-government Organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS 303), 2 CFR 200, and Standard Provisions for Non-Governmental Organizations.

2 CFR 200 is available at: http://www.ecfr.gov/cgi-bin/text-idx?SID=4c01e47d9cc0c64537d80b25b3f6942f&mc=true&node=pt2.1.200&rgn=div5

OMB Circulars are available at: http://www.whitehouse.gov/omb/circulars_default

Standard Provisions for U.S. Non-Governmental Organizations are available at: http://www.usaid.gov/policy/ads/300/303maa.pdf.

Standard Provisions for Non-U.S. Non-Governmental Organizations are available at: http://www.usaid.gov/policy/ads/300/303mab.pdf.

ADS 308 is available at: http://www.usaid.gov/policy/ads/300/308mab.pdf

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

Potential for-profit applicants should note that USAID policy prohibits the payment of fee/profit to the prime Recipient under grants and cooperative agreements. However, if a prime Recipient has a subcontract with a for-profit organization for the acquisition of goods or services (i.e., if a buyer-seller relationship is created), fee/profit for the subcontractor is authorized. 40

The USAID Inspector-General's "Guidelines for Financial Audits Contracted by Foreign Recipients" is available at: http://www.usaid.gov/sites/default/files/documents/1868/591maa.pdf

F. 3. Reporting Requirements.

The following programmatic reporting requirements shall be made part of any award issued under this NFO:

Synopsis of Reports/Plans:

Type of Document/Report	Due Date	Distribution
Start Up Plan	Within 60 day after award.	AO & AOR
First Year Work Plan	First draft due no later than 60 days after effective date of the award.	AOR
Activity Monitoring and Evaluation Plan	First draft due no later than 90 days after effective date of the award.	AOR, PPD
Quarterly Reports	No later than 30 days after the end of each fiscal quarter	AOR
Annual Work Plans (after year one)	First draft due no later than 30 days before beginning of each fiscal year	AOR
Annual Performance Report	90 days following the end of the fiscal year	AOR
Final Performance Report	Draft – 30 days after the End of award. Final due 90 days after the award end date.	AOR
Financial Reporting	Quarterly Financial Reports - 30 days after the end of each calendar quarter	AOR
Close out & Disposition plan	Six months before end of award	AOR & AO
Baseline report and ongoing assessments deemed necessary	Initial Baseline Report shall be submitted 6 months after effective date of the award	AOR

a. **Financial Reporting**:

The SF-425 Federal Financial Report (http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/ SF-425.pdf) must be completed by the Recipient and e-mailed to the AOR and conakryofm@usaid.gov.

Financial Reports shall be in accordance with 2 CFR 200.327. The Final Financial Report will be submitted within 90 days from the end date of the program.
Reports are due as noted below:

Reporting Quarter	**SF-425 Due Date**
January 1 – March……..	31 April 30
April 1 – June 30……	July 30
July 1 – September…….	30 October 30
October 1 – December 31…..	January 30

b. **Performance Reporting:**

-Quarterly Performance Report

Within 30 days after the end of each quarter, the Recipient shall submit one original and two copies of a performance report to the AOR. The performance reports are required to be submitted quarterly and shall contain the following information on activities in the selected districts. The reports must include the following:

1) quantitative and qualitative analysis of progress against objectives, results, and targets;

2) summary of key activities for next quarter;

3) discussion of lessons learned, good practices and success stories;

4) challenges outside scope of program, which affect implementation;

5) summary table of indicators, targets and results to date;

6) Financials for the quarter and projections for the next two quarters. Further, notification must be given in the case of problems, delays or adverse conditions which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken

or contemplated and any assistance needed to resolve the situation. Following receipt of the report, a "quarterly review" meeting with the AOR and other relevant Mission staff will be held to discuss results, challenges and the way forward.

-Annual Reports

Within 90 days after the close of each activity year, the recipient shall submit to the AOR an annual report, inclusive of the final quarter report, which reflects the progress of the program activities over the last year against the work plan/performance targets. The report should indicate the outputs and impact the program is having on the target beneficiaries. Annual and cumulative to date data should be included. Anecdotal stories and case studies, pictures and any other information that gives insight into the success of the program should be included.

-Final Report

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

c. **Activity Reporting:**

The recipient will submit reports to the AOR as described below. The format for preparation of reports will be determined in collaboration with the AOR. Due dates noted below are in calendar days.

-Baseline Report

The baseline report will provide information on the current status and diversity of farmer organizations in terms of form, structure and functions. The baseline survey will investigate country-specific barriers and key challenges to establish durable and enduring institutions that are able to plan, mobilize resources, and deliver services that meet the evolving needs of their members in a rapidly changing competitive environment. The baseline survey must be conducted after the recipient has secured an approved Activity M&E Plan but within six (6) months of agreement award.

-Annual Work Plans

The recipient shall provide the first annual work plan within 75 days of award date; modified, as needed, work plans will be submitted no later than six (6) months after the award date. The plan will be reviewed and approved by the AOR within two weeks of submission. After submission of the first year work plan, the recipient shall submit subsequent annual work plans within one month prior to start of the activity year.

Annual work plans shall include a narrative describing the strategies, activities and interventions required to meet the award outputs as well as a log frame or Gantt chart outlining specific activities, the timetable and responsible persons. Activities on the Gantt Chart must be fully costed. Furthermore, annual budgets are expected to accompany the annual work plans. The workplan will include the project's annual gender and youth action plan informed by the gender and youth analysis.

-Activity Monitoring and Evaluation Plan (M&E Plan):

Within 90 days, of the signing of the award, working closely with the Mission contractor responsible for the collection and analysis of USAID data, the recipient shall submit an Activity Monitoring and Evaluation Plan for the life of the Activity that derives from the activities outlined in the program description.

The Activity M&E Plan will outline key program activities, indicators of achievement, which should support USAID/Uganda's Results Framework, baseline data and annual targets as well as indicators specific to project activities. The Activity M&E Plan is a living document. The recipient is expected to suggest and make revisions to the Activity M&E plan in response to changing conditions and emerging lessons in consultation with the AOR. The Activity M&E Plan will be reviewed and approved by the AOR.

-Close-Out Plan

The Recipient will develop and implement an AOR approved closeout plan (administration, information, grants, finance, procurement and management). The closeout plan will be submitted to the AOR six months prior to the award end date. The plan should include but not be limited to:

o Dates for final delivery of all goods and services for grants;

o A property disposition plan for the Recipient, sub-recipients where applicable in accordance with government regulations reviewed by the AOR and approved by the Agreement

Officer;

o Review of award and/or grant files for audit purposes and final billing to USAID;

o A schedule to address office leases, bank accounts, utilities, cell phones, personnel notification, health insurance, outstanding travel, social payments, household shipments, severance for local staff (if appropriate), vehicle leases/disposition, phone subscriptions;

o Receipt of all final invoices and grant performance reports;

o Report use of funds not required for the completion of the award;

o Report on compliance with all local labor laws, tax clearances, etc.

d**. Branding & Marking**:

Pursuant to ADS 303.3.6.3.f and ADS 320.3.1.2, the apparently successful Applicant will be requested to submit a Branding Strategy and Marking Plan that will have to be successfully negotiated before a cooperative agreement will be awarded. These plans shall be prepared in accordance with the guidance in ADS 320.3.3, 22 CFR 700.16 and the references therein. Please note that the Branding Strategy and Marking Plan shall not be included with the original application but shall be provided only after a written request of the Agreement Officer.

e. **Environmental Compliance:**

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID includes environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 211.3.2.b and 204 (http://www.usaid.gov/policy/ads/200/), 43 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. Applicant's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this NFO.
1b) 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.

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

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

The recipient will be responsible for periodic reporting to the USAID Cooperative Agreement Officer's Representative, as specified in the Schedule/Program Description of this solicitation.

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

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

Cost and technical proposals must reflect environmental documentation preparation costs and approaches where applicable. This may include costs towards the preparation of an environmental mitigation and monitoring plan (EMMP) during the post award stage. The recipient will be expected to comply with all conditions specified in the approved IEE.

USAID anticipates that environmental compliance and achieving optimal development outcomes for the proposed activities will require environmental management expertise. Respondents to the NFO should therefore include as part of their application their approach to achieving environmental compliance and management, to include:

a) The respondent's approach to developing and implementing an environmental review process for a grant fund and an EMMP.

b) The respondent's approach to providing necessary environmental management expertise, including examples of past experience of environmental management of

similar activities.

c) The respondent's illustrative budget for implementing the environmental compliance activities /EMMP. For the purposes of this solicitation, applicants should reflect illustrative costs for environmental compliance implementation and monitoring in their cost proposal.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT

Agency Point of Contact

Alan Garceau
Agreement Officer
USAID Guinea and Sierra Leone
301 4th Street, SW
Washington, DC 20547
Email: agarceau@usaid.gov
202-567-4674

[END OF SECTION G]

SECTION H: OTHER INFORMATION

H . 1. Value Added Tax and Customs Duties

Pursuant to bilateral agreements with the Government of Guinea (GOG), all imports and expenditures under this agreement by the Recipient and by non-local subcontractors/sub Recipients are exempt from Value-Added Tax (VAT) and Customs Duties imposed by the GOG. The GOG does not allow tax exemption at the point of sale. The Recipient must follow the guidance noted below to ensure VAT funds are appropriately refunded to USAID Guinea and Sierra Leone:

1. The Recipient must include VAT expenses in the award budget and bill USAID for payment of VAT.

2. USAID will lead the process for obtaining a refund from the GOG. The refund takes process currently takes several years and as such will not be credited back to the Recipient award.

3. The Recipient shall maintain complete files with original VAT tax invoices/receipts from

vendors.

4. The Recipient is responsible for ensuring that subcontractors and sub grantees comply with this requirement.

5. All VAT claims, for the Recipient, subcontractors and sub grantees, shall be submitted to USAID through the prime Recipient.

6. USAID will assist the Recipient to obtain customs exemption certificate on imports.
The USAID point of contact for submission of quarterly VAT information is:
conakryofm@usaid.gov.

H. 2. Notice to Offerors

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

[END OF SECTION H]