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Issue Date:	October 27, 2023
Pre-Application Conference:	November 13, 2023
Deadline for Question:	November 20, 2023
Closing Date:	December 28, 2023
Closing Time:	05:00 pm Maputo Time

Subject: Notice of Funding Opportunity
Request for Applications (RFA) Number: 72065623RFA00005

Program Title: Fortifying OVC services, Empowering adolescents, and youth, and Leveraging and Incorporating community feedback in Zambezia (FELIZ) Activity

Federal Assistance Listing Number: 98.001

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified entities to implement the Fortifying OVC services, Empowering adolescents, and youth, and Leveraging and Incorporating community feedback in Zambezia (FELIZ) Activity. Eligibility for this award is restricted to local entities.

Eligibility for this RFA is restricted to Local Mozambican Organizations (Local Entities) as defined.

For the purpose of this section, local entity means an individual, a corporation, a nonprofit organization, or another body of persons that:

(1) is legally organized under the laws of;
(2) has as its principal place of business or operations in;
(3) is majority owned by individuals who are citizens or lawful permanent residents of; and
(4) managed by a governing body, the majority of who are citizens or lawful permanent residents of a country receiving assistance from funds appropriated under title III of this Act. (c)

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

These eligibility requirements apply only to the principal Applicant.

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

USAID/Mozambique intends to make an award to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements and selection process.

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in **Section C** of this NOFO. This funding opportunity is posted on www.grants.gov and may be

amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at **1-800-518-4726** or via email at support@grants.gov for technical assistance.

USAID may not award to an applicant unless the applicant has complied with all applicable Unique Entity Identifier and System for Award Management (SAM) requirements detailed in Section D. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.
USAID will hold a pre-proposal conference on the date shown above. Should you intend to participate in the conference, please provide the names and email address of the individuals that will represent your organization to the points of contact identified in **Section D.2**, no later than ***November 06, 2023, at 04:00 pm.***

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

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

Thank you for your interest in USAID programs.

Sincerely,

JEAN-JACQUES BADIANE Digitally signed by JEAN-JACQUES BADIANE Date: 2023.10.27 10:16:54 +02'00'

Jean-Jacques Badiane

Agreement Officer

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SECTION A: PROGRAM DESCRIPTION

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

ABBREVIATIONS AND ACRONYMS

ABYM	Adolescent boys and young men
AGE	Advancing Girls Education
AGYW	Adolescent girls and young women
ANC	Antenatal clinics
AOR	Agreement Officer's Representative
ART	Antiretroviral therapy
C/ALHIV	Children and adolescents living with HIV
CBO	Community-based organization
CDC	The Centers for Disease Control and Prevention
CDCS	Country Development Cooperation Strategy
CLA	Collaborating, learning, and adapting
CLM	Community-led monitoring
CRM	Climate risk management
CNCS	National AIDS Council
COP	Country Operational Plan
DoD	Department of Defense
DoS	Department of State
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DSD	Direct service delivery
EMMP	Environmental Monitoring and Mitigation Plan
FBO	Faith-based organization
FELIZ	Fortifying OVC services, Empowering adolescents and youth, and Leveraging and Incorporating community feedback in Zambezia
FSW	Female sex worker
FTF	Feed the future
FY	Fiscal year
GBV	Gender-based violence
G2G	Government-to-Government
GRM	Government of the Republic of Mozambique
HEI	HIV exposed infants
HTS	HIV testing services
IDP	Internally displaced persons
IEE	Initial Environmental Examination
IDP	Internally displaced person
IIT	Interruptions in treatment
INAS	*Instituto Nacional de Acção Social*
IR	Intermediate results
KPP	Key and priority populations
LTFU	Lost-to-follow-up

MCH	Maternal and child health
M&E	Monitoring and evaluation
MEL	Monitoring, evaluation, and learning
MELP	Monitoring, evaluation, and learning plan
MER	Monitoring, Evaluation, and Reporting
MGCAS	Ministry of Gender, Children and Social Action
MHPSS	Mental Health and Psychosocial Support
MINEDH	Ministry of Education and Human Development
MISAU	Ministry of Health
MOU	Memoranda of Understandings
MTCT	Mother to child transmission (of HIV)
NGO	Non-governmental organization
OVC	Orphans and vulnerable children
PEP	Post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission (of HIV)
PrEP	Pre-exposure prophylaxis
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial support
PYD	Positive youth development
Q	Quarter (refers to data reporting of a quarter in a particular fiscal year)
RESINA	Resiliência integrada na nutrição e agricultura
RRF	Rapid Response Funds
SDSMAS	*Servicos Distritais de Saúde Mulher Acção Social*
SES	Socio-economic strengthening
SME	Small- and medium-sized enterprises
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence against children
VMMC	Voluntary medical male circumcision
WASH	Water, Sanitation and Hygiene

A. INTRODUCTION

United States Agency for International Development (USAID) Mozambique is planning the ***Fortifying OVC services, Empowering adolescents, and youth, and Leveraging and Incorporating community feedback in Zambezia (FELIZ)*** Activity, focused on reducing HIV incidence and improving health outcomes of households vulnerable to and impacted by HIV.

The Activity's main components are prevention services, testing, linkage to care, comprehensive case management, and support to systems that promote community and government ownership of the HIV response. Interventions under this Activity will target sub-groups based on their specific needs and vulnerabilities, with the overall design to improve the health of children and adolescent youths highly vulnerable to and/or significantly impacted by HIV in Mozambique. Specific target groups include children and adolescents living with HIV (C/ALHIV); children, adolescents, and youth at risk of acquiring HIV; caregivers of C/ALHIV and caregivers who are HIV-positive; local communities with high-HIV prevalence; and not yet identified people living with HIV (PLHIV) that need to be linked to care and treatment services.

This Activity will build off progress made, and systems strengthened through the current award: *HIV Community Activity in Zambezia*. USAID seeks a strong local partner through competition, to implement the services contained in this program description.

This proposed Activity ties into USAID/Mozambique's Country Development Cooperation Strategy (CDCS) Development Objective:

1- ***Healthier and Better Educated Mozambicans, Especially the Young and Vulnerable*, and is designed in line with PEPFAR's 5x3 Strategy.**

Annual work plans will be guided by the Country Operational Plan (COP) to stay in line with PEPFAR goals, and activities will be data-driven and adapt based on program successes and challenges. Adhering to best practices from U.S. President's Emergency Plan for AIDS Relief (PEPFAR)'s *Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe* (DREAMS), HIV testing services (HTS), and orphans and vulnerable children (OVC) programming, this Activity will focus on reaching the most vulnerable adolescent girls and young women (AGYW) and OVC; addressing harmful gender norms; reducing HIV incidence; identifying HIV-positive persons and monitoring their treatment; while increasing community and government ownership of management and monitoring systems.

A.1 Activity Goal

The overall purpose of the *FELIZ* activity is to support GRM's efforts to reduce the burden of HIV in selected provinces in Mozambique. The goal is to reduce HIV incidence and improve health outcomes of households vulnerable to and/or impacted by HIV in Mozambique.

A.2 Background and Problem Analysis

Mozambique is ranked 185 of 191 countries in the 2022 United Nations Human Development Index, making it one of the least developed countries in the world[1]. At $480 USD (2021), the per capita gross national income is the fourth lowest in the world and has fallen 30 percent since 2014[2]. In 2022, sixty percent of the people in

1 World Population Review. HDI by Country 2023. Retrieved 21 March 2023.

2 The World Bank. GNI Mozambique 2021. Retrieved 4 April 2023.

Mozambique lived in extreme poverty, measured as living on less than $1.90 per day[3]. With an estimated 2.4 million PLHIV in 2023, Mozambique has the third greatest number of PLHIV in the world. Of these, around 313,000 are aged 15 to 24[4].

While new HIV infections among this adolescent and young adult population has fallen steadily since it peaked at 74,000 in 2000, according to 2023 preliminary the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates, new HIV infections are estimated to be disproportionately higher among AGYW at 22,515 as compared to their male age matched peers with 8,168 new infections per year. While there is some variance in HIV incidence across province, Zambezia and Nampula, the two most populous provinces, have the highest number (>10K) of new HIV infections among AGYW per year in fiscal year (FY) 2023[5].

Children and youth represent a significant demographic group in Mozambique, where 44 percent of the population of 33.9 million[6] are less than 15 years of age[7]. While 83 percent of children are enrolled in primary school[8], primary school completion rates remain low at 46 percent (49 percent for males, 44 percent for females), with 39.3 percent overall illiteracy rate (50 percent of females and 27 percent of males are illiterate)[9,10]. Although Mozambique has experienced socio-economic progress, 48 percent of children live in absolute poverty[11].

An estimated two million children in Mozambique are not living with their biological parents, with an additional 700,000 children at risk of being abandoned due to their caregivers' old age, HIV in the family, and/or deteriorating socio-economic circumstances[12]. Currently, 22 percent of children are engaged in some form of child labor, while the child marriage prevalence (<18 years) is 48 percent[13].

Economic instability coupled with the large number of orphans precipitates an environment where children are susceptible to higher rates of child labor, disease, domestic violence, malnutrition, and future unemployment, which can perpetuate intergenerational poverty and increased crime. Due to deep-rooted cultural attitudes, girls and children with disabilities are particularly vulnerable to exploitation and/or mistreatment. Fortunately, while the country has seen an increase in gender parity in secondary school enrollment (0.8 in 2010 to 0.93 in 2020)[14], Mozambique still ranks 136 of 169 counties in the United Nations Development Program (UNDP)

3 Statistica. Share of population in extreme poverty in Mozambique from 2016 to 2025. Retrieved 5 April 2023.

4 2023 Preliminary UNAIDS Estimates from PEPFAR COP23 Strategic Direction Summary.

5 2023 Preliminary UNAIDS Estimates from PEPFAR COP23 Strategic Direction Summary.

6 Macrotrends. Population Data Mozambique.

7 Statista. Mozambique Age Structure. Retrieved 21 March 2023.

8 UNICEF. Situation of the Children in Mozambique. Retrieved 22 March 2023

9 Education Policy and Data Center. (2018). National Education Profile 2018 Update: Mozambique. Retrieved 4 April 2023.

10 UNESCO Institute for Statistics (2017). Mozambique. Retrieved 4 April 2023.

11 UNICEF. The Situation of the Children in Mozambique. Retrieved 22 March 2023

12 UNICEF Mozambique, Child Protection. Retrieved 23 March 2023.

13 UNICEF. Situation of the Children in Mozambique. Retrieved 22 March 2023.

14 The World Bank. School Enrollment/Gender Parity. Retrieved 22 March 2023.

Gender Inequality Index[15] due to high maternal health risks, pressure to marry young, limited economic prospects, high rates of illiteracy, and GBV[16,17].

In Mozambique, HIV-related health services are delivered at the facility level, with significant support from community cadres in education, patient support, and follow-up. In addition to promoting health seeking behaviors, community workers are critical in combating the HIV epidemic by supporting the holistic social and economic needs of the population, delivering preventative and adherence services. The national health system relies heavily on community organizations to deliver the bulk of activities implemented at the community level; complimenting health services provided at the facility. This Activity will work through community cadres, social workers, and DREAMS facilitators, while complementing the Government of the Republic of Mozambique (GRM) and other donor efforts, including US government funded maternal and child health (MCH) and education programs.

Given the continuous burden of HIV, the large number of vulnerable OVC, adolescents and youth in Zambezia; as well as the need to monitor HIV services, the Activity will build off progress made in the current award: *HIV Community Activity in Zambezia.* The new Activity will be awarded for five years starting in January 2024 with eligibility restricted to local partners. The main populations projected under this Activity are: C/ALHIV; children, adolescents, and youth at risk of acquiring HIV; caregivers of C/ALHIV and caregivers who are HIV positive; local communities with high-HIV prevalence; and not yet identified PLHIV that need to be linked to care and treatment services. The Activity will target sub-groups based on their specific needs and vulnerabilities, with the overall design to improve the health of children and adolescent youths highly vulnerable to and/or significantly impacted by HIV in Mozambique. Given the unique attributes of the beneficiaries, this Activity will consider strong emphasis on innovation from the outset and the inclusion of implementation science research.

A.3 Geographic Focus and Operations

In line with USAID/Mozambique's geographic focus and GRM Priorities, for the provision of OVC, DREAMS, and HIV testing, the selected recipient(s) for this Activity will initially work in Zambezia to continue to expand the achievements from the current *HIV Community Activity in Zambezia* award, with the possibility of expansion to other geographic regions, supporting the GRM's response to HIV to provide comprehensive, high-quality, and cost-effective services. The Activity is expected to operate at the community level in the target province with close collaboration with the district and provincial levels.

All activities will align with existing operational plans and guidelines of PEPFAR Mozambique and the Ministry of Health (MISAU). Priority districts within each province will be identified in consultation with PEPFAR, MISAU, and other stakeholders to ensure activities reach the most vulnerable, avoid any duplication of efforts, and leverage other USG and donor investments. For the implementation of community and government ownership of monitoring and management systems, the selected recipient(s) will work throughout the country in selected geographical areas.

A.4 USG and other Donor Activities

This Activity aligns with USAID/Mozambique's 2020-2025 CDCS and aims to support and shape *a resilient, peaceful, prosperous, and healthy Mozambique, where citizens benefit from expanded investments*. It is

15 United Nations Development Programme. Gender Inequality Index Dataset. Retrieved 5 April 2023.

16 USAID. Gender Equality and Female Empowerment. Retrieved 5 April 2023.

17 The World Bank. Literacy Rate. Retrieved 5 April 2023.

specifically linked to Development Objective One which prioritizes strengthening the foundational elements required to advance Mozambique's self-reliance through *healthier and better educated Mozambicans, especially the young and vulnerable*, whom this Activity will target.

It also aligns with PEPFAR's updated five-year strategy, specifically touching on priorities around efforts to reduce new HIV incidence through effective prevention and treatment in priority populations, including AGYW and children; sustainability and strengthening of government, civil society and local organizations in managing and responding to the epidemic; achieving the global 95-95-95 target by 2030; and leading the HIV response strategy with data-driven interventions.

Further, within the United States Government (USG) response in Mozambique, this Activity will be incorporated into the annual Country Operational Plan (COP).

Awardees are expected to coordinate activities within overlapping geographic areas to create synergies. Activities and partners to leverage include:

- **PEPFAR Programs:**

PEPFAR-Supported Clinical Partners
Within each epidemiologically priority district in Mozambique, PEPFAR has identified high-volume health facilities that require significant technical and financial support to provide adequate HIV-related services. PEPFAR, through the U.S. Centers for Disease Control and Prevention (CDC) and USAID, contracts non-governmental implementing partners with clinical expertise to work hand-in-hand with these health facilities.

These clinical partners provide seconded human resources and offer direct service delivery (DSD) at most sites, as well as logistical, monitoring and evaluation (M&E), and laboratory support and clinical mentorship for front-line providers. The Awardee of the *FELIZ* activity is expected to work closely and in collaboration with the designated PEPFAR-supported clinical partners in all OVC activity districts, selected DREAMS districts and health facilities to jointly support the pediatric and adult care and treatment cascade (including retention and viral suppression) for all highly vulnerable individuals identified as eligible for enrollment in comprehensive OVC case management. Lessons learned to date as part of this ongoing collaboration with PEPFAR-supported clinical partners include:
Establish Memoranda of Understanding (MOU) with each clinical partner, MISAU at the provincial and district levels, and each health facility; and

- MOUs with PEPFAR clinical partners and MISAU should detail referral procedures, roles, and responsibilities of each party to ensure strong linkage and tailored antiretroviral therapy (ART) adherence support for vulnerable children, adolescents, and their caregivers.

Mentor Mothers Program
The Mentor Mothers program aims to improve HIV treatment adherence among pregnant and lactating women and children from birth to five years old through the use of highly trained community workers who provide a structured series of household visits to all HIV-positive women within the catchment area. The program also conducts health talks within health facilities and serves as the primary contact for all community work with pregnant and lactating HIV positive women. USAID expects the Awardee to coordinate closely with Mentor Mothers to ensure all eligible women and children receive this essential support. Mentor Mothers and OVC activities not only refer to each other, but also collaborate while working in the community together.

Community health workers, activists, and Mentor Mothers already have sustained positive, therapeutic relationships with many of the OVC-eligible families. Lessons learned from the collaboration with Mentor Mothers to date include the need for:

- Clear bi-directional referral systems to ensure all C/ALHIV receive the tailored prevention and ART adherence support they need;
- Clear community-based mapping of catchment areas to understand Mentor Mothers and OVC program coverage gaps; and
- Joint planning and regular updates of health facility leadership and community leaders to ensure that all stakeholders understand the roles of Mentor Mothers and OVC case managers thoroughly.

Integrated HIV Prevention and Health Services for Key and Priority Populations
USAID currently supports the implementation of a comprehensive HIV prevention program with key and priority populations (KPP) in all eleven provinces of Mozambique. Close coordination with the KPP program and the *FELIZ* activity will be essential considering that children of KPP, especially female sex workers (FSWs), are one of the target groups for the comprehensive case management intervention type and transactional sex is a vulnerability for enrolling in the DREAMS program. Lessons learned as part of this collaboration with the KPP program to date include the need to:

- Refer AGYW identified in KP programs to receive comprehensive DREAMS package;
- Support the KPP program with risk assessments and goal setting for children of FSWs;
- Coordinate at the national level to understand KPP program catchment areas and ensure strong coverage with OVC enrollment for case management activities; and
- Coordinate economic strengthening and other activities with FSWs as caretakers of OVC within the comprehensive case management intervention.

USAID Non-PEPFAR Programs: While the below programs are not specific to HIV-infected and/or affected individuals, Applicants should explore opportunities for synergies in overlapping beneficiaries and support provided and ensure an appropriate counter-referral system has been established.

Alcançar: Family Health International (FHI)'s Achieving Quality Health Services for Women and Children project aims to improve health services for women and children in Nampula and Zambezia provinces. It provides support to the provincial health directorates, district health directorates, and frontline healthcare providers in building individual and organizational capacity to make improvements in service quality and efficiency. It currently provides support in six provinces in Zambezia: Mocuba, Pebane, Gurue, Ile, Gilé, and Alto Molocue.

Feed the Future Mozambique Resiliência Integrada na Nutrição e Agricultura (FTF RESINA): FTF RESINA is a five-year project that integrates WASH, nutrition, agriculture, and governance programming to identify, analyze, prioritize, and address the key drivers of chronic poverty, food security, and malnutrition. FTF RESINA focuses on strengthening the resilience capacities of targeted vulnerable households and communities. ACDI/VOCA manages FTF RESINA in Zambezia and Nampula and focuses on diversified and climate-smart agriculture production, increased access to clean water through multi-use water systems, and improved nutrition outcomes for women and children under two years of age. The word RESINA in Portuguese means resin, the substance produced by plants to protect them from insects and pathogens. As resin increases resilience of plants, RESINA is designed to increase resilience of smallholder farmers and rural households in selected districts of Zambezia and Nampula provinces.

Okhokelamo ni Solha Resilience Food Security Activity: Save the Children's Resilient Food Security Activity (RFSA) consortium is a five-year activity with the aim of improving women's and adolescent's health, resilience, and nutrition outcomes for children under two using tried, tested, and evidence-based effective approaches. While the approach focuses on adolescents and the mother/child, increasing their skills and capacities to better plan and care for themselves and their children, engagement of husbands and fathers across all three objectives, Okhokelamo also creates supportive action and key shifts in gender norms and household dynamics. The focus on these life stages provides opportunities to target the biggest barriers to and the best chance of sustainably breaking down intergenerational nature of stunted growth and achieving improved nutritional outcomes for children under two years of age in Livelihood Zone 5 in Zambezia. Okhokelamo leverages linkages with RESINA, which aims to improve nutritional outcomes for women, children, and adolescent girls.

Advancing Girls Education (AGE): is a five-year project with the goal to (1) improve access to school for girls and increase the community support towards girl's education; (2) improve girls' retention, and performance in upper primary and secondary schools; (3) increase girls' access to key social services such as health, Water, Sanitation and Hygiene (WASH); and (4) increase safety of girls at school and household by reducing their vulnerability to early marriage and pregnancy, sexually transmitted diseases, and school-related Gender Based Violence (GBV). In partnership with the GRM, Civil Society Capacity Building Centre (CESC) manages AGE packages in Nampula and Zambezia Province. AGE provides training and materials to teachers and school principals to support skills and behaviors that improve learning outcomes and increase the transition to the next grade level. These activities also establish youth clubs focused on ensuring that girls stay in school and are safe from violence and reinforce the importance of girl's education with community outreach.

Feed the Future Mozambique Promoting Innovative and Resilient Agricultural Market Systems (FTF PREMIER): Through TechnoServe, the goal of the FTF PREMIER is to facilitate entrepreneurship and job opportunities for women and youth, through the following sub-objectives: 1) increased profitability of agricultural enterprises; 2) strengthened and expanded access to markets and trade for farmers and small- and medium-sized enterprises (SMEs); 3) increased access to financial services for farmers and agribusiness SMEs. The program currently works in Gurue district.

USAID Transform WASH: USAID's Transform WASH supports the development of the Mozambican WASH sector, at national and subnational levels, by implementing an activity focused on WASH governance, access to WASH services, behavior change and gender equality in small towns, rural growth centers, and peri-urban settlements.

Non-United States Government HIV Programs:

The Global Fund to Fight AIDS, Tuberculosis, and Malaria

GRM and the Global Fund to Fight AIDS, Tuberculosis (TB), and Malaria (*referred to hereafter as Global Fund*) aim to expand access to HIV, TB, and malaria prevention services, with a focus on key and vulnerable populations, including vulnerable children and youth. The grants are implemented by MISAU, Fundação para o Desenvolvimento da Comunidade (FDC), Centro de Colaboração em Saúde (CCS), and World Vision International. Targets and activities are already established and include new HIV prevention and testing initiatives for adolescents and young people aged 15 to 29. Recipient(s) of the *FELIZ* award will be expected to coordinate all planning with Global Fund implementing partners to avoid duplication and align with MISAU priorities.

UNICEF

Guided by the National Action Plan for Children (PNAC II), USAID works in close collaboration with UNICEF, Ministry of Gender, Children and Social Action (MGCAS), and other actors to ensure effective referral systems

are in place to ensure support for vulnerable children who fall outside of any care or support systems. In collaboration with other international and national stakeholders, UNICEF supports the GRM to implement a holistic social and child protection system, including integrated case management that links community-based and statutory structures. Recently, UNICEF partnered with the GRM to develop the National Social Protection Strategy, which contributes to "reducing poverty and vulnerability, ensuring that the results of the growth of the Mozambican economy benefit all citizens, particularly those living in situations of poverty."

UNAIDS

UNAIDS released social protection fast-track guidance, where it describes how social protection can address the multiple social determinants of HIV, including poverty, income inequality, gender inequalities, stigma and discrimination, and social exclusion, and thus contributes to efforts to reduce new HIV infections, AIDS-related deaths, and HIV-related discrimination. This UNAIDS strategy also highlights how social protection can address demand-side barriers to accessing HIV services, with the potential to improve HIV prevention, treatment, care, and outcomes. The strategy also highlights how HIV-sensitive social protection helps mitigate the social and economic impacts of HIV on people, including people living with, at risk of, or affected by HIV.

A.5 Lessons Learned

While significant progress has been made in reaching OVC, adolescents and youth, and identifying PLHIV, according to preliminary UNAIDS estimates, there are still an estimated 49,000 PLHIV in Zambezia who are unaware of their status, and rising numbers of adolescents and youth at the risk of acquiring HIV[18]. The *FELIZ* activity will build on the success of the current award: *HIV Community Activity in Zambezia.*

DREAMS:

The PEPFAR/Mozambique DREAMS program has significantly expanded from an original nine districts to 32 districts in FY23, with a focus on increasing coverage and saturation. As of June 2023, the DREAMS program enrolled 170,000 AGYW, including 4,728 AGYW receiving educational subsidies, 2,557 AGYW receiving basic financial literacy, and 7,203 AGYW receiving PrEP[19].

The DREAMS core package of evidence-based interventions aims to reduce new infections in adolescent girls. This includes activities that OVC programs can support and implement, such as education, psychosocial support, and other combinations of socio-economic approaches. The *FELIZ* activity should proactively identify subgroups of girls at high-risk of HIV infection in the targeted districts, including out-of-school girls, and incorporate a primary prevention package aligned with the existing DREAMS intervention, which benefits these groups and reduces the risk of exposure to HIV. Lessons learned include the need to:

- Establish formal cross-referral mechanisms with child welfare and protection services, which are essential to identify children at high risk of abuse, neglect, and HIV infection, including children living outside of family care and/or child survivors of abuse;
- Ensure strong government coordination of DREAMS implementation at site-level;
- Create MOUs, joint partner site visits, and conjunct data analyses and triangulation to ensure strong collaboration between clinical and community partners to ensure layering of services to address different risk factors of AGYW; and
- Align and automate data systems to better track OVC and DREAMS participants, including with the national electronic patient tracking system for patients accessing HIV clinical services.

18 2023 Preliminary UNAIDS Estimates for September 2023.

19 PEPFAR USAID Mozambique DREAMS Custom Indicator Data for FY23Q3.

HIV Testing Services (HTS):

While there has been a strong improvement in case finding, the case finding yield has decreased over time as Mozambique is getting closer to epidemic control, with the yield in FY23 Quarter (Q)2 at 3.2 percent. HTS activities must continue to adjust and adapt strategies to help identify subpopulations that have not yet been reached.

The Activity will need to work with clinical partners in the area to ensure that case finding activities identify subpopulation groups with the largest gaps – including children, youth, men, and marginalized populations. In addition, intensive efforts will need to be made to ensure newly identified PLHIV are linked to comprehensive care and treatment services. Increasing emphasis should be placed on self-testing distribution to reach undiagnosed PLHIV, including youth and men.

The following lessons from FY23Q2 data from PEPFAR-supported AJUDA sites show:
Index case finding has proven to be beneficial in identifying youth – index modalities account for 41 percent of pediatric (0 to 14 years old) and 27 percent of adolescents and youth (15- to 24-year-olds) case finding at AJUDA sites;

Antenatal clinics (ANC) are an opportunity to find HIV-positive AGYW (28 percent of 15- to 24-year-old females were identified at ANC);

- Mobile and other community modalities have high yields (more than 10 percent) and should be expanded;
- Index testing finds high yields of undiagnosed HIV positive older men (37 percent of PLHIV men over 40 years of age were identified through index testing);
- Older adults are being identified when they are sick – 32 percent of adults 40 years of age and older were identified in the emergency and inpatient wards; and
- Proxy linkage at AJUDA sites currently shows 96 percent linkage, which is in part due to the uptake in the use of MISAU algorithms to link PLHIV to care and treatment services[20].

OVC:

The OVC program in Mozambique has achieved results in improving the effectiveness in supporting vulnerable children at the most risk of HIV infection and those living with HIV. PEPFAR has increased the number of HIV-positive children in the OVC program, and at the end of FY22 Q4, served 51,911 C/ALHIV accounting for 30 percent of total OVC beneficiaries, where more than 99.9 percent were on ART, 45,879 had received of viral load test, and of those tested, 90 percent were viral suppressed[21].
Some of the accomplishments within the OVC program are listed below:

- Strong collaboration with clinical partners in addressing clinical social barriers at health facilities and households;
- The placement of Linkage Facilitators at health facilities to refer HIV-positive children to the OVC program, facilitate C/ALHIV's access to services, and recruit Pediatric Officers at the health facility to assist OVC staff in HIV literacy and support patients to navigate HIV services;
- Recruitment of Community Case Workers in shared locations of OVC beneficiaries;
- Provision of HIV Literacy skills to Case Care Workers, focusing on pediatric ART and Psychosocial support (PSS);
- Data sharing and triangulation between OVC program and clinical partners;
- Referral of OVC program eligible children for Viral load testing; and

20 PEPFAR USAID Mozambique MER Indicator Data for FY23Q2.

21 PEPFAR USAID Mozambique OVC Custom Indicator Data for FY22Q4.

- Differentiated socioeconomic services delivered to HIV-positive children (healthy, schooled, stable and safe).

Given the variety and range of risks that children face during the epidemic, the program in Mozambique is strengthening its effort to provide intensive support also to other PEPFAR-considered vulnerable populations, such as children of FSW, GBV survivors and HIV-exposed infants (HEI). Aligning with current epidemic gaps in Mozambique and as part of the HIV Prevention strategy, the OVC program is eager to increase the efficiency and protection of these populations by facilitating access to biomedical HIV prevention services, such as prevention of mother to child transmission (of HIV), voluntary medical male circumcision (VMMC), pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and condoms and lubricants.

Furthermore, the OVC program in the country is currently addressing HIV and GBV knowledge among adolescents to increase awareness, particularly at young ages, considering high rates of violence against children, high HIV infection among adolescents and youth, and coerced and unsafe sex. Through the OVC Preventive curriculum the program must continue to reach adolescent boys and girls, creating efficiencies with the DREAMS program.

Community-led Monitoring (CLM):

FY23 saw an increase in PEPFAR-supported CLM coverage from 219 sites in FY22 to 300 sites in FY23, accounting for 46 percent of all PEPFAR-supported AJUDA sites including 38 community-based organizations (CBOs). The current award: *HIV Community Activity in Zambezia* provides CLM coverage to 75 sites. In FY24, all PEPFAR CLM partners will start using harmonized CLM indicators in conjunction with Global Fund partners.

The *HIV Community Activity in Zambezia* award's third cycle of CLM identified the following barriers to quality service delivery in FY23Q2:

- Of the 219 barriers to quality service delivery identified, 56 percent were resolved, 16 percent are currently in process, and 28 percent are still unresolved;
- Infrastructure was reported as the leading topic of concern in FY23 Q2, with grievances related to lack of water available and poor hygiene in the bathroom, lack of privacy in consultations rooms for PLHIV and TB patients, and lack of private space; and
- Other PEPFAR partners providing CLM support reported grievances in health worker behavior, including a delay in service, and late or absent staff[22].

A.6 Logical Model and Intended Results

The overall purpose of the *FELIZ* activity is to support GRM's efforts to reduce the burden of HIV in selected provinces in Mozambique. The goal is to reduce HIV incidence and improve health outcomes of households vulnerable to and/or impacted by HIV in Mozambique.

This Activity is aligned with PEPFAR's five-year strategy to guide the United States' contribution to reaching the United Nations Sustainable Development Goal of ending the global AIDS pandemic as a public health threat by 2030[23]. PEPFAR, GRM, and other stakeholders' activities aim to prevent new infections; reach every person with HIV, put them on treatment, and reduce their viral loads to undetectable; while fostering local ownership to sustain HIV programs that contribute to the end of the epidemic.

Development Hypothesis: The overall program theory of change is based on the following assumptions:

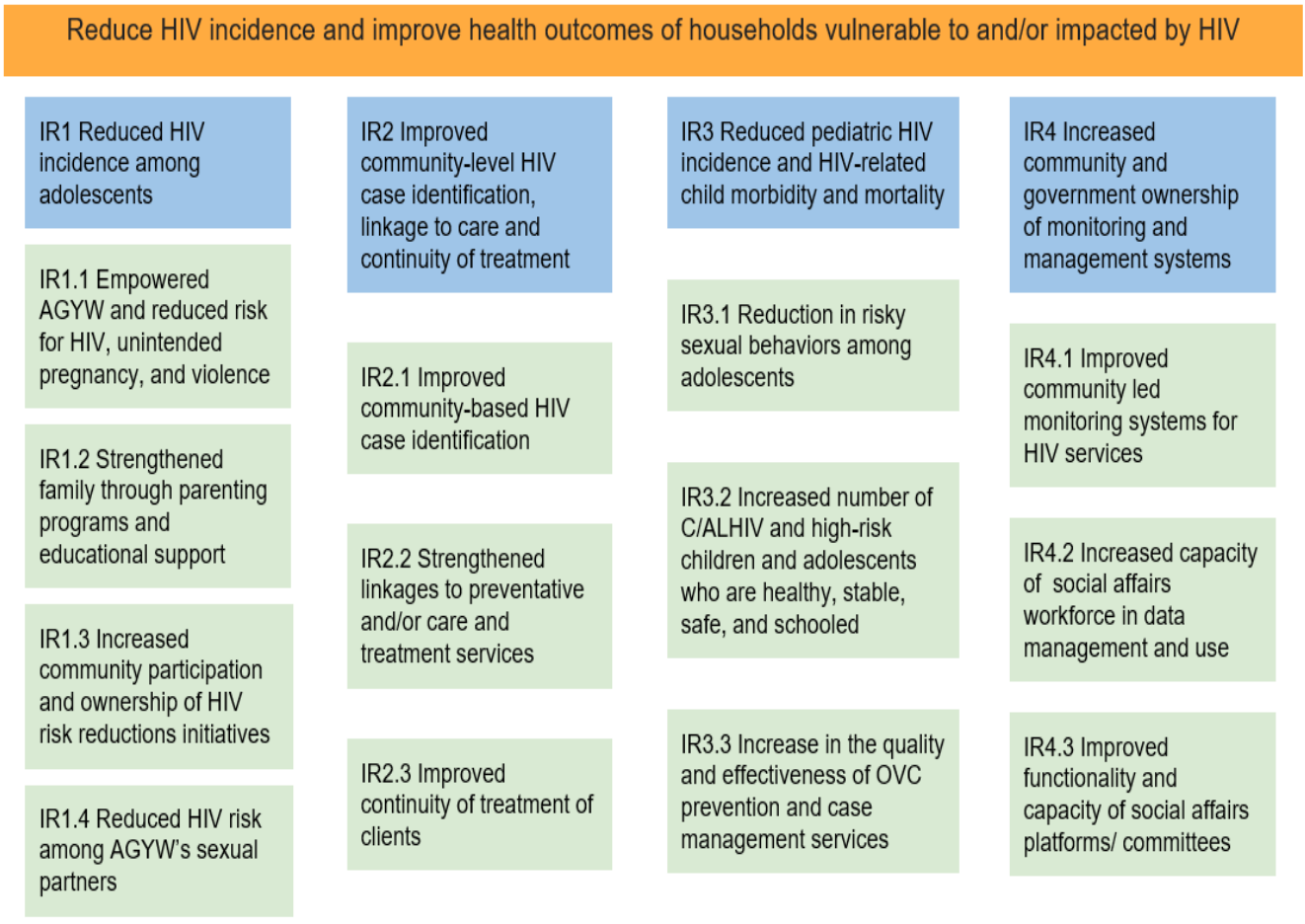
22 PEPFAR USAID Mozambique CLM Custom Data for FY23Q2.

23 PEPFAR. PEPFAR Five-year Strategy. Retrieved 10 July 2023.

- *If* vulnerable AGYW and their partners are reached with HIV prevention services, including GBV prevention and response (intermediate result (IR) 1); and
- *if* community level HIV testing, linkage to treatment, referral to complementary services and continuity of care are improved (IR 2); and
- *If* most C/ALHIV OVC beneficiaries and households receive quality case management services tailored to their needs through appropriately trained community staff (IR 3); and
- *If* systems for service delivery are supported and strengthened to promote community ownership, accountability, and quality improvement (IR 4);
    - *Then,* there will be reduced HIV incidence and there will be an improvement in the health outcomes of households vulnerable to and/or impacted by HIV.

The program results framework demonstrates the theory of change models based on IRs which are designed to create and enable an environment for achieving the overall program goal which is to reduce HIV incidence and improve health outcomes of households vulnerable to and/or impacted by HIV in Mozambique.

Results FrameworkIR1: Reduced HIV incidence among adolescents



Routine HIV prevention activities have not been proven effective in reaching AGYW because activities are not responsive to the unique circumstances and lived experiences that often place AGYW at greater risk for HIV acquisition. Since the inception of the DREAMS program in 2016, Mozambique has made significant strides to

reach vulnerable AGYW and reduce their risk of acquiring HIV. However, because of their disproportionate risk and vulnerability compared to their male peers, AGYW remains a priority population to target in order to reduce new HIV infections to reach HIV epidemic control. Although the DREAMS program requires the implementation of multiple interventions that target different risk factors and/or behaviors that may lead to HIV acquisition, the DREAMS program will continue to be a person-centered approach, whereby AGYW are always at the center. Utilizing behavior change theory, DREAMS activities and interventions will target different structural and individual factors that lead to an AGYW's increased HIV risk. Over the course of the award, PEPFAR implementing partners must be flexible and adapt the program accordingly as geographic and population groups reach saturation.

Sub-IR 1.1: Empowered AGYW and reduced risk for HIV, unintended pregnancy, and violence

Utilizing strategic interventions, the Activity will target AGYW (10-24 years) using different evidence-based/informed, age-and developmentally appropriate interventions according to a predefined set of vulnerability criteria. Core to this will be empowering AGYW by increasing their knowledge to make informed decisions on their health and reducing their risk-prone behaviors for HIV, unintended pregnancy, and gender-based violence through youth-friendly services. Interventions should include sexual and reproductive health (SRH) related services, including condom promotion (demand creation, provision, and adherence); PrEP (promotion, provision, and adherence); linkage to post-violence care, including PEP; HTS; expanding and improving access to voluntary, comprehensive family planning services; social asset building (such as mentoring, and HIV and violence prevention); and economic strengthening. Because AGYW at highest risk of HIV often lack strong social networks, DREAMS support structures should include the creation of safe spaces where AGYW can meet on a regular basis, with the hopes of allowing AGYW to make important connections, increase their agency and empower AGYW in order to prevent HIV infection and GBV. As a result of economic disparity related to gender inequity, activities will include economic strengthening (such as the youth savings groups and the implementation of the comprehensive socio-economic strengthening (SES) Siyakha model) to decrease AGYW's reliance on transactional sex and strengthen AGYW's self-efficacy and decision-making power in relationships. Economic independence, via self-employment/entrepreneurship and wage employment, will include basic financial literacy training, the learning of new vocational skills, and access to paid internships and micro-business coaching for DREAMS participants at highest risk of HIV acquisition. PEPFAR implementing partners must collaborate with SRH, MCH, and other HIV prevention programs working in the same geographic areas to ensure synergies in service provision and minimize duplication.

Sub-IR 1.2: Strengthened family through parenting programs and educational support

Having positive relationships with parents and/or caregivers is fundamentally necessary to protect AGYW from various negative health and social outcomes. Activities should include parent/caregiver programs that increase caregivers' knowledge, skills, and comfort with talking to their children about sensitive topics such as SRH, HIV risk, GBV prevention and response. Parenting/caregiver programs should guide parents/caregivers on how to best monitor children's activities and increase positive parenting practices. In addition, because of the correlation between keeping girls in school and higher rates of HIV testing, decreased high-risk sexual behaviors,

and the likelihood of early forced unions[24,25], educational subsidies and material support should be provided for transitioning to and completing secondary school. While developing the work plan, PEPFAR implementing partners must work with other stakeholders to map all activities implemented in the geographic area in order to ensure synergies in service provision and minimize duplication. Throughout implementation, partners are expected to leverage these projects and/or activities to ensure appropriate referrals and harmonization in service provision.

Sub-IR 1.3: Increased community participation and ownership of HIV risk reduction initiatives

DREAMS activities should include school-based HIV and violence prevention programs in school health corners where participants can obtain scientifically accurate information, appropriate referrals to health centers for services not provided in school, and skill-building related to prevention among young people in the community. Community awareness programming should be strategically implemented to provide a support framework for HIV prevention programs by engaging adolescent boys and young men, community and other influential leaders, and the broader community in addressing and impacting social and community norms and perceptions that increase HIV risk for AGYW. Interventions should particularly target men and focus on HIV, gender norms change, healthy masculinity and relationships, gender-based violence prevention and response, joint decision-making, and alcohol and drug use. Curricula should include a participatory learning component that focuses on building skills and community-level awareness and collective adoption of HIV risk free behaviors.

Sub-IR 1.4: Reduced HIV risk among AGYW's sexual partners

DREAMS activities should have meaningful inclusion and engagement of male sexual partners of AGYW (including adolescents) in knowing their serostatus and refer male partners to risk reduction activities, including biomedical services, such as VMMC and ART for men living with HIV to prevent transmission to their sexual partners. Because DREAMS is committed to a gender-equity approach, activities should reach out and enhance ways to engage adolescent boys and young men (ABYM) through linkages with other existing programs at the community, such as OVC, PrEP, KPP and GBV for complementarity of services both in school and out of school.

IR1 Illustrative activities include but are not limited to:

- Update and locally contextualize DREAMS curriculum in line with best practices, national guidelines, and PEPFAR DREAMS technical guidance.
- Conduct household-level community-based mapping with community leaders to identify all eligible adolescents for participation in DREAMS activities.
- Identify high-risk adolescents who require secondary services.
- Strengthen bi-directional referrals between local partners and health facilities.
- Identify high-risk adolescents who require OVC case management services.
- Identify high-risk adolescents who require PrEP.
- Strengthen linkage to post-violence care, including PEP (especially within the 72-hour window).
- Expand and improve access to voluntary, comprehensive family planning services.

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[24] Cho, H., et al. (2011). Keeping adolescent orphans in school to prevent human immunodeficiency virus infection: evidence from a randomized controlled trial in Kenya. *Journal of Adolescent Health. 48*(5):523-6.

[25] De Neve, JW, et al. (2015). Length of secondary schooling and risk of HIV infection in Botswana: evidence from a natural experiment. *Lancet Global Health*. *3*(8):e470-e477.

- Ensure the appropriation of small, female mentor-led group meetings in safe, public, or pre-determined private spaces on a regular basis.
- Strengthen and expand community mobilization/norms change programs.

IR1 Mandatory PEPFAR indicators:

- AGYW_PREV (in DREAMS districts only; enrolled, completed primary prevention, received one or more services)
- GEND_GBV (number screened, services provided, number receiving post-rape-care support, number receiving PEP)

IR1 Illustrative indicators:

- Number of adolescents enrolled in the DREAMS program
- Number of adolescents who have completed at least one DREAMS service/intervention but not the full primary package, by service-type
- Number of adolescents who have completed the DREAMS primary package of services
- Number of adolescents who have completed the DREAMS primary package of services by service-type
- Number of adolescents who have completed the DREAMS primary package of services by service-type and at least one secondary service/intervention
- Number of adolescents who have started a DREAMS service but have not completed it.
- Number of adolescents successfully referred for HIV, STI, or TB testing.
- Number of individuals who experienced GBV and received clinical care, by service-type
- Number of individuals referred to health facilities for post-rape care support, including PEP
- Number of adolescents receiving basic financial literacy and other economic strengthening support
- Number of AGYW receiving educational subsidies and material support for transitioning and completing secondary school, by type of assistance provided

IR 2: Improved community-level HIV case identification, linkage to care and continuity of treatment –

Based on the 2023 preliminary UNAIDS estimates for December 2022, Mozambique lags behind in case identification, with an additional 380,796 PLHIV who do not know their status. Case finding gaps for children, youth, and men are disproportionately high with only 72 percent of PLHIV-men aged 15-24 years aware of their HIV status, especially in northern and central provinces. As Mozambique approaches the first 95, HIV case identification must be strategic, identifying interventions that are person-centered and cost-effective. In addition, activities must promote linkages to care and treatment services through the various testing modalities, minimize care interruptions by providing psychosocial support to improve continuity of treatment, especially among children and men who have higher rates of treatment interruptions.

Sub-IR 2.1: Improved community-based HIV case identification

HTS should focus on increasing HIV status knowledge among children, adolescents and young adults aged 15-24, and men to close existing gaps in the first 95 coverage. Case identification activities must be voluntary and align with GRM-led strategies, including index testing and self-testing. Innovation and effective ways of testing must be identified and continue to evolve and align with programmatic successes and remaining gaps. Index testing should also be seen as a re-engagement strategy by identifying partner(s) and children who are HIV-positive but are not currently on ART. The expansion of HIV self-test kits should target population-specific demand creation for HIV testing, including men, adolescents, and high-risk individuals, with risk factors such as being among sexual or social networks of PLHIV. Innovative opportunities for the distribution of self-test kits may include the

distribution at technical schools and universities, in the workplace, and/or leverage any other opportunities where young people receive other services.

Besides men, intensive efforts must be made to increase HIV status knowledge particularly among children and young adults, as 2023 SPECTRUM estimates indicate that only 57 percent of CLHIV under the age of 15 know their status. Pediatric case finding strategies must include systematic index case testing for the children of adult PLHIV on ART to identify C/ALHIV before they develop advanced disease. In addition, youth ages 15-24 should be targeted specifically, as AGYW are among the groups with the highest incidence rates, while only 78 percent of their young male peers know their status. As case finding is scaled up and targets are reached, PEPFAR implementing partners will need to be constantly flexible and adaptable in case finding strategies and geographical and sub-population shifts. In conjunction with PEPFAR Mozambique, this will require regular evaluation and adjustments based on how effectively each subpopulation (age/sex intersection) focused strategies are working.

Sub-IR 2.2: Strengthened linkages to preventative and/or care and treatment services

PEPFAR implementing partners should support local/national efforts to ensure effective linkage into combination prevention interventions (VMMC, PrEP, sexually transmitted infection (STI) screening and treatment, SRH, among other services) as well as into care and treatment for PLHIV, improve documentation of retesting of known positives, and to offer appropriate screening and referrals for combination prevention services for those testing HIV-negative.
Upon HIV-positive diagnoses, PEPFAR implementing partners should provide tailored linkage strategies that meet the specific needs of the individual to lead to the successful early engagement in treatment and treatment literacy. For men and adolescents in particular, linkage services should be friendly, peer-delivered, integrated, and address common and client-identified barriers that minimize stigma and confirm the benefits of treatment. In conjunction with clinical implementing partners, PEPFAR implementing partners based in the community should strive for a minimum of 95 percent linkage rates for all individuals diagnosed with HIV. As a result of linkage challenges with self-testing, PEPFAR implementing partners must continue to review data about self-test kit distribution and linkage to treatment.

In addition, HTS delivery sites must be positioned to serve individuals who use HTS to re-engage in HIV treatment services after treatment interruption. PEPFAR implementing partners must work with GRM to maintain quality case surveillance, eliminate duplicate records, and correctly distinguish between persons who are new on treatment from those re-engaging or transferring from one site to another.

Sub-IR 2.3: Improved continuity of treatment of clients

PEPFAR implementing partners at the community-level must provide ART adherence support through the provision of high-quality PSS and facilitate access to nutritional support and socioeconomic services (such as village savings and loans) to PLHIV at risk or with poor ART outcomes (lost to follow up, high viral load, etc.), and/or PLHIV most at risk of interruptions in treatment (IIT). The past three quarters of PEPFAR Mozambique data (FY22 Quarter 3 to FY23 Quarter 1) show that 90 percent of PLHIV who experienced IIT had been on ART for more than six months. In collaboration with PEPFAR-supported clinical implementers, activities should ensure the provision of high-quality PSS interventions to PLHIV who have been on ART for more than six months in hopes of increasing their access to viral load testing coverage and suppression. Activities should focus on the geographic locations and sub-populations with the highest IIT and those who face retention challenges. In collaboration with clinical implementing partners, the Activity should seek to understand barriers to care and

support clients at the community level by adapting care and treatment programs to minimize the burden of treatment and address clients' specific challenges and needs.

IR2 Illustrative activities include but are not limited to:

- Establish MOUs with clinical partners and MISAU to ensure bi-directional referrals and data sharing for PLHIV.
- Conduct risk-based assessments and community-based index case testing to identify undiagnosed PLHIV and enroll them in care.
- Develop support structure to counsel and educate HIV-positive adolescents on transition to adult HIV care and treatment.
- Provision and/or linkage to comprehensive nutritional, educational, and/or socio-economic support services for PLHIV, based on need.

IR2 Mandatory PEPFAR indicators:

- HTS_TST, including HTS_TST_POS (HIV testing status, by modality)
- HTS_SELF

IR2 Illustrative indicators:

- Number of individuals screened for risk and/or symptoms of HIV
- Number of individuals tested for HIV using community-based index case testing approach and other modalities
- Number of HIV self-test kits distributed
- Number of PLHIV linked to care and treatment

IR 3: Reduced pediatric HIV incidence and HIV-related child morbidity and mortality

With an estimated two million OVCs in Mozambique, PEPFAR Mozambique's OVC program serves the dual purposes of mitigating the impact of HIV on children, adolescents, and their families as well as preventing HIV-related morbidity and mortality (among pediatrics and caregivers). There are currently an estimated 152,776 children under the age of 15 living with HIV in Mozambique; however, case identification remains low with only 72 percent of C/ALHIV under 15 knowing their HIV status[26]. Every year, more than 6,000 children die due to AIDS-related complications, and thousands more are left orphaned by parents who succumb to the disease[27]. Over the past few years, exceptional progress has been made in ensuring pediatrics are on optimized regimens, and viral load coverage is at 84 percent, with pediatric viral load suppression at 84 percent[28]. Thus, the largest hurdle still remains identifying HIV positive children that have not been diagnosed.

OVC programs must continue to evolve and focus on the key challenges for children in the HIV epidemic, mother-to-child transmission (MTCT), the pediatric treatment gap, advanced disease, low viral load suppression, sexual violence against adolescent girls, and the risk of losing a caregiver due to adult IIT. The OVC case management model must be client-centered and family-based, with the platform helping clients navigate access to health, social, legal, and economic support.

Sub-IR 3.1: Reduction in risky sexual behaviors among adolescents

26 2023 Preliminary UNAIDS Estimates from PEPFAR COP23 Strategic Direction Summary.

27 PEPFAR. Mozambique Country Operational Plan 2021 (COP21).

28 PEPFAR. Monitoring, Evaluation, and Reporting (MER) FY23 Quarter 2 Data.

Activities within HIV prevention packages should be outcome-based, gender-sensitive, and age-segmented. Prevention activities should ensure that adolescents aged 10-14 years and their community leaders are reached with a comprehensive package of primary prevention, which includes risk assessments and referrals to other relevant services. This includes referrals to OVC case management for those high-risk adolescents meeting one or more of the eligibility criteria outlined by the PEPFAR OVC program, as well as any adolescent testing positive for HIV. The package of primary prevention activities should align with the DREAMS primary prevention curriculum (i.e., OVC prevention activities should include age-appropriate activities that promote HIV prevention and support community norms and attitudes to reduce GBV, sexual violence, abuse, age appropriate sexual and reproductive health, and the reduction of sexual exploitation of children and AGYW). For any priority districts that are also DREAMS program districts, primary prevention activities should be complementary, and OVC prevention activities should target males ages 10-14.

Sub-IR 3.2: Increased number of C/ALHIV and high-risk children and adolescents who are healthy, stable, safe, and schooled

Children and adolescents at elevated risk for HIV acquisition, as well as those already living with HIV or significantly impacted by HIV in their household, require comprehensive, participatory OVC case management interventions to ensure they remain healthy, stable, educated, and protected from physical, emotional, or sexual violence/abuse. In collaboration with PEPFAR-supported facilities and partners, community-based activities will employ OVC Linkage Facilitators and use a bi-directional referral system in order to increase the enrollment of C/ALHIV, HEI, children of FSWs living with HIV, and other high-risk children, adolescents, and caregivers into the OVC comprehensive program. Implementing partners will then work to steadily improve the coverage of HIV-positive and at-risk children by enrolling at least 81 percent of all C/ALHIV on ART within Activity-supported districts annually (90 percent of C/ALHIV should be offered enrollment with 90 percent of those accepting).

Once at-risk families are identified and enrolled in comprehensive OVC services, case managers will develop family-specific action plans (and the appropriate referrals) that deliver differentiated, age-appropriate OVC services for C/ALHIV, HEI, and their families that address the unique health, nutrition, education, protection, psychosocial, developmental, and economic challenges identified as part of the needs assessment. For HIV-positive children and their caregivers, this will include an assessment of knowledge gaps and other barriers to care, the provision of critical information for improved treatment literacy, support for pediatric transition to new medications, bi-directional linkages with the health facility, and skills-building to support treatment adherence and retention in care.

OVC case managers will regularly monitor the health, nutritional, educational, and socio-economic status of beneficiaries. In order to eliminate intergenerational risk, strategies must be tailored to meet the specific needs of early childhood and adolescent-focused programs, addressing the unique needs of the subpopulations at risk. Through targeted support, case care managers ensure progress is made against established ‘graduation benchmarks’ for each family (created to build resilience against risks in the long term and immediate timeframes).

Sub-IR 3.3: Increase in the quality and effectiveness of OVC prevention and case management services

Front-line OVC providers and case managers must be carefully recruited, adequately trained, and well-supervised. Activity data systems must be protected for confidentiality and subject to regular validity checks and data quality assessments, including reviews of primary source documents. For each case-managed OVC

beneficiary, an action plan must be developed that includes specific and measurable activities and goals and that can be verifiably monitored over time. Activities should include monitoring of individual beneficiary-level progress, and wherever possible, data triangulation should take place to allow for comparing self-reported data and data extracted from the clinical setting. In addition, activities should include quantitative and qualitative anonymous feedback from OVC beneficiaries to ascertain whether the program is enhancing the lives of the beneficiaries as intended.

IR3 Illustrative activities include but are not limited to:

- Update and locally contextualize OVC prevention curriculum in line with best practices, national guidelines, and PEPFAR DREAMS technical guidance.
- Conduct household-level community-based mapping with community leaders to identify all eligible children and adolescents for participation in primary prevention activities.
- Conduct primary prevention activities using small group sessions.
- Establish and/or strengthen bi-directional referrals between local partners and health facilities.
- Establish MOUs with clinical partners and MISAU to ensure bi-directional referrals and data sharing for OVC beneficiaries.
- Conduct risk-based assessments and community-based index case testing to identify undiagnosed C/ALHIV and enroll them in OVC case management.
- Develop support structure to counsel and educate HIV-positive adolescents on transition to adult HIV care and treatment.
- Provision and/or linkage to comprehensive nutritional, educational, and/or socio-economic support services for OVC case-managed families, based on need.
- Establish internal systems of control and quality assurance measures for all program activities, as well as systems for data validation and triangulation.
- Strengthen OVC case management training to improve identification of achievable behavioral goals and to prioritize individual and contextual barriers.
- Strengthen quantitative data collection systems to allow for real-time monitoring of progress against individual and family-level action plans.

IR3 Mandatory PEPFAR indicators:

- OVC_SERV (number of case managed children and caregivers, number graduated)
- OVC HIV_STAT (HIV testing status, ART enrollment status)

IR3 Illustrative indicators:

- Number of 10-14 year old adolescents enrolled in primary prevention activities
- Number of 10-14 year old adolescents completing primary prevention activities
- Number of adolescents successfully referred for HIV, STI, or TB testing.
- % of OVC and their caregivers with known HIV status
- Number of children and adolescents screened for risk and/or symptoms of HIV
- Number of children and caregivers tested for HIV using community-based index case testing approach
- Number of OVC-enrolled beneficiaries who receive nutritional, educational, and/or socio-economic support services
- Number of OVC-enrolled beneficiaries who meet minimum graduation benchmarks
- Share of case-managed OVC beneficiaries who make timely and measurable progress against established action plans
- Number and % of OVC providers and case managers meeting or exceeding quality assurance standards for OVC service provision (as measured by both the health system and beneficiary feedback).

- % of case managed OVC beneficiaries regularly attending school
- % of case managed OVC beneficiaries not considered malnourished
- % of case managed OVC beneficiaries who progressed in school during the past year
- # of case managed OVC beneficiaries referred to and received social system benefits

IR 4: Increased community and government ownership of monitoring and management systems
Civil society and government stakeholders are key players in the national response, and thus in order to transition to a sustainable HIV response, activities must be designed to empower national stakeholders to oversee CLM, data management, and functionality of social affairs systems in order to address access barriers, contribute to improving the quality of services, and lead the HIV response.

Sub-IR 4.1: Improved CLM systems for HIV services
Beyond the provision of comprehensive services at the community level, activities will seek to strengthen systems that enable effective delivery of HIV services and allow for feedback and improvement. Several factors have been shown to negatively affect PLHIV's perception of the quality of ART services, such as breaches in confidentiality, low awareness of rights of PLHIV among the frontline service providers, long waiting times, illicit charges, stock-outs of ART, etc., that result in lower retention in care and treatment. This Activity will incorporate CLM, allowing local communities, particularly PLHIV, to engage with frontline health service providers to monitor and improve the quality of and access to ART services in a multi-step cycle from mobilization to joint planning and advocacy. Concretely, CLM activities aim to: **(i)** monitor the quality of public health services;

(ii) identify and define priorities from the healthcare user's perspective for subsequent integration in the health facility and district-level health sector plans, as well as in the annual economic and social plan and budget of the district; and

(iii) build evidence to define advocacy actions on public policies in the health sector. In addition to supporting CLM at the local level, PEPFAR implementing partners will continue to engage with key stakeholders such as the GRM's National AIDS Council (CNCS), the Global Fund, and UNAIDS to support civil society to finalize the national indicators and guidelines for CLM programs and to support national roll-out of CLM tools and packages.

Sub-IR 4.2: Increased capacity of social action workforce in data management and use

Community interventions, including DREAMS, HTS, and OVC, collect large amounts of data which PEPFAR implementing partners should share with GRM social affairs and health stakeholders. In addition to sharing data, partners are expected to support GRM in better managing, understanding, and utilizing data. Partners will work on strengthening program data from all areas by supporting data quality at the community level; ensuring that this feeds into a harmonized data management system; and supporting MISAU, MGCAS counterparts, and other stakeholders in data use and interpretation.

PEPFAR implementing partners must give special focus to supporting the uptake of the OVC data management system and other GRM shared systems as directed. Through Collaborating, Learning, and Adapting (CLA) activities and the COP process, PEPFAR implementing partners will also support GRM in using data for decision-making and strategic planning. Data will also be used to routinely evaluate program implementation and inform PEPFAR implementing partners to adjust strategies accordingly to ensure activities align with geographic and subpopulation needs for epidemic control.

Sub-IR 4.3: Improved functionality and capacity of social affairs platforms/ committees

Activities should ensure partnership with the GRM and other key stakeholders to build on PEPFAR investments in strengthening an HIV-sensitive and publicly funded child protection, social work, and case management system for vulnerable children in Mozambique. PEPFAR implementing partners will coordinate closely with the GRM social affairs platforms to ensure that vulnerable children are identified, prioritized, and linked to social protection services according to GRM guidelines. PEPFAR implementing partners should continue to support district- and community-level social workers in the implementation of HIV-sensitive case management and to strengthen the capacity of community-based organizations, local child protection and family welfare authorities (such as Servicos Distritais de Saúde Mulher Acção Social (SDSMAS) and Instituto Nacional de Acção Social (INAS)) to implement and manage core OVC interventions, with the ultimate goal of transferring ownership of HIV response activities to community and government stakeholders. In addition, PEPFAR will support the introduction and use of the eOVC data management system to improve case management of C/ALHIV OVC beneficiaries across the continuum of care.

IR4 Illustrative interventions include but are not limited to:

- Support GRM and CSOs to ensure effective technical leadership and supervision of HIV activities at national, provincial, and district levels.
- Support GRM to develop and/or strengthen beneficiary-level tracking; other programmatic data capture and reporting systems; and systems to better manage, understand, and utilize data.
- Identify and define priorities to improve PLHIV's experience at health facilities and monitor the implementation of these priorities.
- Monitor evidence to define advocacy actions on public policies in the health sector.
- Support GRM social affairs platforms to ensure that vulnerable children are identified and linked to social protection services.
- Train government supported social workers on HIV-sensitive OVC case management approaches.
- Utilize and support GRM in the eOVC data management system to improve case management of C/ALHIV OVC beneficiaries.

IR4 Illustrative indicators:

- # of community child protection committees established and/or strengthened with clear TOR, established budgets, and staffing.
- % of GRM-led data quality audits meeting minimum standards for data completeness and strong internal systems of control and verification.
- # of C/ALHIV OVC beneficiaries and their viral load and other health status.

A.7. Technical Approach

In developing the application, Applicants are expected to take the below technical guidance into account. USAID Mozambique's investment in HIV/AIDS is focused on carrying forward the legacy of strong programming under previous projects and/or activities and leveraging the investments of other donors such as Global Fund and Government-to-Government (G2G) agreements. Core areas of support include reducing HIV incidence, especially among children and AGYW; strengthening case identification efforts; reducing HIV-related morbidity by linking patients to care and providing support services for continuity of treatment; building the capacity of local partners, the community, and government to participate in the long-term response to the HIV epidemic. Priority activities undertaken by this Activity will include the following (not an exhaustive list):

- While Applicants must be local entities, USAID encourages the Applicant **to seek local and/or international partnerships or consortia** to ensure that specialized program management, service delivery implementation, demand creation, M&E and program quality improvement skills are part of the proposed implementation team. The Applicant will also be expected to harmonize all M&E efforts with existing PEPFAR and MISAU data collection and reporting systems, which will require continuous cooperation and collaboration with USAID's other ongoing PEPFAR recipients.
- Present a **clear and logical theory of change** that articulates pathways between the barriers and opportunities and proposes interventions and illustrative activities that will lead to the expected results of the Activity.
- **Child Safeguarding:** Since the activities to be funded involve direct contact with children, Applicants must describe how appropriate measures to prevent, mitigate, and respond to child abuse both in the Activity implementation and by activity personnel will be addressed. For more guidance, Applicants should refer to USAID guidance on child safeguarding.
- **HIV-focused and population-specific:** Applicants must show how activities implement HIV sensitive demand creation activities, specific to populations most-at-risk of HIV acquisition. In addition, Applicants must specify how it implements case management of OVC and AGYW beneficiaries and how it supports the pediatric treatment cascade directly, from supporting early diagnosis and ensuring referrals and enrollment in care to supporting adherence and retention of C/ALHIV at the community level. OVC and DREAMS programs are expected to target services at high-risk HIV-positive children and adolescents, prioritize retention and adherence counseling, increase collaboration with clinicians to provide wrap-around services, and prevent lost-to-follow-up (LTFU) for the highest-risk children and adolescents.
- **Gender Integration:** Gender integration entails the identification and subsequent treatment of gender differences and inequalities in the activity design, implementation, monitoring, and evaluation. Gender equalizing strategies and approaches that promote increased access to resources and opportunities for women should be at the heart of this design. Applicants should also consider male engagement strategies and describe how such interventions will be incorporated to enhance gender equity, norm changes, foster child and AGYW protection efforts, and reduction of inequalities by addressing the gaps that maintain these disadvantages. Case identification strategies and approaches to find HIV-positive men should be specific to this population-group, utilizing innovative cost-effective approaches to target this hard-to-reach population.
- **Sexual and Gender-based Violence:** By mainstreaming GBV prevention and response, this Activity will address the underlying causes of violence, improve GBV prevention and protection services, respond to the health and economic needs of those affected by GBV, ensure support to first responders in prevention and response efforts, and provide support for survivor-centered prevention and response protocols. Mitigating HIV risk and preventing violence is critical to reducing HIV incidence and the prevalence of violence against children (VAC), including sexual violence, which is a contributor to new HIV infections. The activity should aim to prevent HIV and sexual violence in high burden communities; increase education access, retention, and progression among at-risk AGYW; strengthen positive parenting and parent/child communication; increase caregiver and community knowledge about VAC and GBV; improve VAC and GBV reporting; increase access to VAC and GBV response services, including comprehensive post-violence care and support; and provide combination HIV prevention services. Local communities, and in particular, AGYW, have a lack of understanding of violence and what constitutes rape, the availability of PEP, the need for GBV survivors to seek immediate post-violence care, and the process to go about accessing care. The Activity will be expected to identify and scale evidence-informed approaches for addressing prevention of GBV and VAC to ensure that AGYW, their male partners, and their caregivers are aware of what constitutes GBV and where to seek services. For reducing social

tolerance of GBV and VAC, the activity will build on the substantial work undertaken to engage community leaders on GBV, child abuse, and post-violence care models.

- **Adolescent Girls and Young Women:** The epidemic pattern and dynamics require programming that cuts across age and gender. New HIV infections among AGYW are substantially higher than among males of the same age, because HIV is more commonly acquired from male sexual partners who are a few or several years older. Gender inequality also disproportionately affects AGYW, so Applicants should address this challenge by working with both women and men to consider not only unequal power dynamics, but also risky behaviors and underlying social and gender norms.
- **Community and Clinical Coordination:** A combination of robust direct services, coordination between community- and facility-based services, and effective referrals and linkages for children, adolescents, girls, and households infected and/or affected by HIV and AIDS is essential in achieving the goal of improving the health, nutritional status, and well-being of the PLHIV living in PEPFAR priority districts. Close collaboration with PEPFAR-supported clinical partners, relevant GRM institutions, civil society stakeholders, the private sector, and other local community structures is expected. Coordination with clinical partners and health facility staff will be essential to ensure appropriate case management and integration of community and facility-level referrals and activities.
- **Positive Youth Development:** All interventions should engage OVC, AGYW, and AGYM to create healthy, productive, and engaged youth to increase their assets, increase their agency, encourage their contributions, and enhance their enabling environment.
- **Community-Led Monitoring (CLM)**: To ensure that the rights and concerns of those affected by PLHIV are heard, respected, and acted upon, the implementer should collaborate with civil society and key stakeholders to implement CLM to ensure that the barriers and gaps in HIV diagnosis, care, and treatment are addressed.
- **Internally displaced persons (IDPs):** This Activity must also be inclusive and sensitive to the needs of IDPs where appropriate. Factors that increase vulnerabilities among IDPs, the majority of which are youth, include sudden disruption from their families and livelihoods, premature/forced unions, sexual violence, difficulty to access youth-friendly services, and lack of social protection. As such, DREAMS and OVC implementing partners are required to facilitate access to basic HIV prevention services, post-GBV care, PrEP, SRH, and mental health services for IDPs, whenever possible and in coordination with other USG-funded partners.

STRATEGIC CONSIDERATIONS

1. Gender and Vulnerability Analysis

HIV/AIDS is the leading cause of death in Mozambique[29],With a HIV prevalence rate of 12.5 percent for >15 years old), 2.4 million individuals are currently living with HIV, with 266 new infections per day[30], and 48,000 HIV/AIDS-related fatalities in 2022[31]. In addition, Mozambique has the one of the highest rates of child marriage worldwide, with one in every two girls married before the age of 18[32] and 17 percent married before the age of

29 Institute for Health Metrics and Evaluation. Mozambique. Retrieved 10 July 2023.

30 2023 Preliminary UNAIDS Estimates.

31 Club of Mozambique. Mozambique: HIV/AIDS deaths last year fell by 2,000 to 48,000.

32 UNICEF. State of the World's Children, 2023. Retrieved 10 July 2023.

15[33]. In Zambezia, where most activities of this award will be implemented, over 30 percent of girls 15 to 17 years of age are married[34].

Children and youth face gender barriers that impede their access to education, health services, and economic opportunities. These barriers ultimately make this group more vulnerable to HIV infection and contribute to their inability to obtain treatment. Economic and social disparities leave young women and girls especially susceptible to GBV, domestic violence, discontinuation of medical care and treatment, sexual exploitation, early marriage, and human trafficking. Girls in school aged 15 to 17 are roughly eight times less likely to marry as a child than girls who are no longer or who have never been to school[35].

Promoting gender equality and advancing the status of women and girls is vital to achieving USAID's development objectives. It is USAID policy that all applicants must mainstream and integrate gender into their interventions. Therefore, the applicant will be expected to demonstrate compliance with *USAID Policy ADS 205* and should explicitly state how this activity supports the gender policies and strategies of the United States and the GRM.

In addition, in order to address the challenges that girls disproportionately face, the selected Awardee is required to conduct an independent, more detailed gender analysis prior to or at an early stage of activity implementation to be submitted within sixty days along with a budgeted gender action plan to be submitted after ninety days. The gender analysis must look at recent strides in gender equality and female empowerment as well as challenges related to access and utilization of services and resources for youth and if those are responsive to their needs. This analysis will direct USAID adolescent and youth programs to deliver result-based activities that improve access to HIV services particularly prevention, as well as SRH and GBV and social protection among these priority populations in Mozambique, thereby reducing the incidence and prevalence of HIV. As part of the monitoring, evaluation, and learning (MEL) plan the selected Awardee will need to conduct a baseline and endline report to measure the impact the activity had in reducing the gender gaps addressed in the gender analysis. For details on the preparation of the gender analysis please refer to the attachment XXXX.

2. Youth

Youth are the fastest growing population group in Mozambique in which an estimated 45 percent of the population is under 15 years of age and 52 percent are below 18 years[36]. According to the December 2022 Spectrum estimates, 50 percent of new infections are in children and youth under 24 years of age. Females 15 to 24 years old are almost three times more likely to be newly infected with HIV in Mozambique than their male counterparts. HIV prevalence shows similar gender disparities with females aged 15 to 24 years old having an almost three times higher prevalence of HIV than their male aged peers[37]. Studies indicate that young people may encounter particular challenges when it comes to accepting an HIV diagnosis, treatment adherence, and implementing measures to reduce the risk of HIV infection and fear stigma, discrimination, and/or disclosure[38].

The new PEPFAR strategy calls for ensuring equity in investments to population groups lagging behind, including

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33 Girls Not Brides. Learning and Resources: Mozambique. Retrieved 10 July 2023.

34 UNFPA. Trends and patterns of child marriage in Mozambique: Evidence from the 2017 census. Retrieved 10 July 2023.

35 UNFPA. Trends and patterns of child marriage in Mozambique: Evidence from the 2017 census.

36 UNICEF. Adolescent & social norms. Retrieved 10 July 2023.

37 2023 Preliminary UNAIDS Estimates.

38 Youth Power. HIV and young people living with HIV (YPLHIV). Retrieved 10 July 2023.

increasing resources that reduce HIV risk and increase the lifespan of adolescents, which is also outlined in USAID's policy on Meaningful Youth Engagement. Given the Activity's focus on OVC and AGYW, all package services should acknowledge the intersectionality that impacts youth development, such as gender, education, health, poverty, conflicts, and natural disaster. Therefore, this Awardee must conduct a youth situation analysis for specific program planning. The Activity should meaningfully engage youth as both beneficiaries, and in the design and implementation of the activities. This Activity should take into consideration USAID's existing best practices within OVC and DREAMS initiatives that to reduce HIV acquisition, and morbidity and mortality among youth, particularly in the following areas:

- **HIV Prevention:** 1) Implement the community mentorship program to deliver HIV prevention messages to increase knowledge and ignite social behavior change among AGYW and ABYM using PEPFAR-approved curricula; 2) Increase demand, access, and use of biomedical HIV prevention services, such as PrEP, PEP, VMMC, and to condoms and lubricants in youth-friendly health services and reproductive health services.
- **HIV Treatment:** Incorporate community-based interventions within the OVC comprehensive package in order to address social barriers that limit access and the use of clinical and social services for differentiated care and retention in treatment. The roll-out and integration of Adherence Adolescent Peer Groups should be encouraged.
- **Economic Empowerment:** The use of the *Siyakha* model and Villages Savings and Loan Association packages to improve employment and skills among youth and increase their financial assets. Households should be linked to social protection services that include access to cash transfers and/or emergency funds.
- **Education**: Increase access to schools providing educational support and resources that increase attendance and progression among youth. Activities implemented should use specific HIV prevention curricula for girls and boys in schools in order to increase participation.
- **Gender and GBV:** Streamline gender sensitivity across all interventions based on the situation analysis and use GBV LIVES Training to increase GBV prevention and response.
- **Effective Youth Integration:** This Activity is rooted in a Positive Youth Development (PYD) approach, which is based on the belief that, "given guidance and support from caring adults, all youth (ages 10 to 29) can grow up healthy and productive, making positive contributions to their families, schools, and communities." PYD programs intentionally focus on developing competencies and behaviors that support pro-social attitudes, a clear and positive personal identity, and positive belief in the future. PYD programs encourage youth leadership and experiential learning, as well as adult approachability and champions. Services and opportunities are designed to support young people in developing a sense of competence, usefulness, belonging and empowerment. For many, the PYD approach is a paradigm shift in the way that they think about youth, education, employment, leadership, health and environment and its resources. The Activity will include concrete and practical approaches that will not only address the challenges that youth face to accomplish the Activity's results but will also involve and support young people in the decision-making, management, and leadership of this activity. Through engaging youth in the planning, implementation, and evaluation of all program interventions, youth will have the platform to be represented in the government, CSOs, and community to promote health-seeking behaviors among themselves.
- **Mental Health and Psychosocial Support (MHPSS):** The Activity should prevent, assist, and build resilience in youth at risk and/or facing mental health issues, such as depression, conditions related to stress, psychosis and bipolar disorders, substance abuse disorders, self-harm and suicide, and other significant emotional and medical unexplained somatic complaints.

3. Climate Change Integration

Climate change is a cross-cutting issue that can have significant impacts on regional, national, and local development efforts in all sectors. The current Executive Order 13677 requires all U.S. Government agencies to factor climate change into their foreign assistance planning and manage the associated climate risks. Therefore, the successful applicant should think about how climate shocks could affect implementation of activities, shape the health status and well-being of targeted populations, and exacerbate vulnerabilities of certain groups.

The successful application will be required to complete a Climate Risk Management (CRM) plan before implementation of the activity, which outlines how climate risks will be reduced in order to ensure sustainability of the Activity.

USAID/Mozambique has included crisis modifiers to allow the implementing partner(s) to modify activities in order to sustain program activities and/or respond in the event of a shock in areas of implementation.

4. Environmental Compliance Considerations

Interventions under this Activity are covered in USAID/Mozambique's Initial Environmental Examination (IEE) for Health Service Delivery valid from December 2021 – December 2026. Interventions fall under Category 3: Orphans and Vulnerable Children which received the following determinations: i) Categorical Exclusion; and ii) Negative determination with conditions. The IEE found that capacity building and service delivery activities are likely to have negligible foreseeable direct impacts on the environment, but related increased uptake of services could result in increased generation of medical waste. Educational and social prevention activities were determined to result in negligible adverse environmental impacts. The IEE has identified potential mitigation measures in response to these risks.

The successful applicant will be required to meet certain conditions outlined in ADS 204, including the development of an Environmental Monitoring and Mitigation Plan (EMMP) along with the Year 1 Work plan for submission to the Agreement Officer's Representative (AOR). A format for the EMMP will be provided upon award receipt.

5.Sustainability

Commitment to sustainability is the ability or commitment to carry on the activities after USAID's involvement is completed, or otherwise ensure the results continue beyond the life of the Activity. The fundamental thrust of USAID's programs is the aim to build local capacity; enhance participation; and encourage accountability, transparency, decentralization, and the empowerment of communities and individuals. In alignment with GRM health sector plans and in coordination with GRM, donors, non-governmental organizations (NGOs), and civil society, the *FELIZ* activity will implement activities that respond to immediate needs for achieving epidemic control that also strengthen the institutional capacity of the community social protection and health sector upon which the DREAMS and OVC beneficiaries and HIV/AIDS services rely in Mozambique. The Activity must prioritize interventions that create stability; incentivize reform and innovation; strengthen in-country capacity; and mobilize domestic resources, including private sector engagement, such as private sector partners that provide youth health services. In addition, while working in IR 4, Applicants should strategize about how they will establish mechanisms to progressively prepare its community staff to either be assumed by GRM or sub-contracted by GRM. Furthermore, Applicants should explore how to better integrate HIV services provided at the community level into other primary health care services, such that HIV support is less isolated.

6.Local Systems and Host Government Collaboration

The Activity will focus on strengthening and institutionalizing systems for quality improvement at the provincial, district, and local levels—working to build strong and enduring local systems across all levels. MOUs should be

established at the provincial and district levels (where appropriate) to ensure close partnership and accountability between the activity and local institutions. The Applicant must ensure strong engagement (including in key roles) with the GRM, other local institutions (including CSOs) and Mozambican nationals on policy issues, alignment with national priorities and guidelines, joint planning (work plan development), shared implementation and performance reports and data, regular coordination and communication with counterparts, and strategic discussion to develop a shared vision for successful implementation of this Activity. Knowledge, skills, and capacity transferred to local institutions and personnel is essential to ensuring that effective prevention and health service delivery continues beyond the life of this activity.

In addition, the selected Awardee must take necessary steps to ensure: 1) maximum transfer of program elements including skills, tools, and methods to the GRM, local institutions and Mozambican professionals in these institutions; and 2) Maximize employment opportunities for Mozambican citizens at all levels (from senior management and technical positions to unskilled labor). USAID attempts to support GRM goals for staff retention. In order to achieve this, efforts must align with and support the priorities of local actors, leverage local resources, and increase local implementation over time to sustain positive changes. Fundamental aspects of supporting local systems are described in the USAID document, *Local Systems: A Framework for Supporting Sustained Development*.

Given USAID's commitment to localization in pursuit of locally led action for sustainable solutions, the Awardee is expected to collaborate and complement the G2G agreements and advance the agenda toward strengthening locally led responses that build on GRM's efforts to develop sustainable systems for improved HIV prevention, OVC, DREAMS, and CLM activities. In this respect, the *FELIZ* activity is encouraged to build on local partnerships that advance the USAID Localization Agenda while achieving the expected results for this Activity. The GRM is envisioned as an active partner in implementation and any collaboration with GRM should be structured to build GRM capacity to carry activities forward with increased responsibility and leadership in implementing components supported by the activity.

The Applicant must also collaborate with other health- and PEPFAR-funded program activities to develop synergies and maximize expected outcomes. Such activities include but are not limited to other USAID-funded programs (i.e. RESINA and AGE) and other programs funded by USG agencies, such as the CDC, the Department of Defense (DoD), Peace Corps, and the Department of State (DoS), as well as with other donors such as the Global Fund, the Health Partners' Group members, United Nations (UN) agencies, and other large NGOs as appropriate.

7.Transparency and Accountability

This Activity aims to put communities at the center of the HIV response and incorporates transparency throughout its interventions and approach. Interventions will empower national stakeholders to oversee CLM, data management, and functionality of social affairs systems in order to address access barriers, contribute to improving the quality of services, and lead the HIV response. The CLM process allows community members, particularly PLHIV, to engage with frontline health service providers to monitor and improve the quality of and access to ART services in a multi-step cycle. As community members put their trust in activity staff and community workers, data collected by DREAMS, HTS, and OVC interventions will be stored securely and shared in a de-identified manner with GRM social affairs and health stakeholders. Partners and GRM will use this data through CLA activities and the COP process to plan, optimize the response and routinely evaluate programs to ensure activities align with geographic and subpopulation needs for epidemic control.

In addition to activities directly supporting transparency and accountability, implementing partners will be expected to establish and maintain systems for Prevention of Sexual Exploitation and Abuse (PSEA) and

accountability and feedback mechanisms to solicit and respond to community feedback and complaints related to the Activity.

8.Adaptability

USAID expects the Awardee to apply CLA principles during implementation and adapt implementation as circumstances evolve or conditions shift, or MISAU and PEPFAR priorities fluctuate. Crisis Modifier language is included in the award to adapt and ensure the continuation of services in situations of unexpected shocks to programming, such as cyclones or flooding. With a crisis modifier, no additional interventions would be included, rather, flexible funds would be used to mitigate unexpected barriers to implementation resulting from a crisis.

9.Private Sector Involvement

Private sector engagement and collaboration is a core Agency priority, and it is integrated in USAID's new development model. As a result, USAID/Mozambique is encouraging collaboration with the private sector as a strategy to find transformational solutions to development challenges. If it further demonstrates contribution to achieving the results under this award with the overall goal of promoting long term sustainability and contributing to HIV epidemic control, Applicants are encouraged to demonstrate innovative evidence-based forms of private sector engagement.

10.Sub-Awards

The local prime is encouraged to propose its team of sub-awardees as a consortium. The mechanism for a proposed sub-awardee (consortium of local and/or international partners) can be with an international NGO, local national NGO or CBO, or a private company. If a consortium is formed, at least 50 percent of the budget should be executed by the local prime Recipient.

Any sub-award to local entities should include a capacity building plan, in line with USAID's vision of supporting stronger local organizations. The applicant is expected to provide critical financial, technical, and managerial oversight for these sub-awards to minimize risk, maintain quality programming, and strengthen financial management capacity for long-term implementation.

For any sub award with an international organization with a mandate to build capacity (technical or organizational) to a local prime or sub partner, a concrete phase-out approach with milestone, timeline and means of verification should be included in the application. The plan should not exceed 36 months of implementation.

For any sub award with an international organization that provides specialized services, and the mandate does not involve transfers of skills, capacity, or knowledge the budget should not exceed 25 percent of the total award budget.

The local lead applicant or local prime recipient will function as a direct implementer as well as technical assistance provider and will consider provision of grants to District government entities, as well as local NGOs, CBOs, Faith Based Organization (FBO), educational institutions, small and medium enterprises, etc.

The total percentage for sub-partners must not exceed fifty five percent (55%) of the Total Estimated Cost. In total sub-grants to U.S. or international organization must not exceed thirty percent (30%) of the fifty five percent (55%) allocated for sub-partners of the total estimated amount of the Award.

11.Risks and Assumptions

This Activity assumes that HIV prevention and treatment services will continue to be delivered through government health facilities, with significant support for outreach and prevention from community organizations and cadres at the community-level. It is also assumed that the MoH, CNCS, Ministry of Education and Human Development (MINEDH), and MGCAS will continue to accept assistance from local and international partners. The Activity assumes that at least

current funding levels from government and key donors will be maintained to support health and community activities, including PEPFAR allocations. Finally, the Activity assumes that the types of HIV prevention and response activities undertaken will continue to be accepted by community members, particularly social support services and programming supporting children, adolescents, and youth; and that GRM's strategies for HIV case identification will only expand (and not reduce) over the period of implementation.

Potential risks to successful implementation include:

- *Climatic shocks,* such as cyclones or drought - could increase poverty and drive displacement, disrupt service delivery including community cadres being affected by shocks, and could limit participation of target groups given competing priorities.
- *Health system restructure or staff changes* - PEPFAR implementing partners must cultivate relationships with new government leaders at district and/or provincial levels and may lose valuable allies/advocates within government; new bureaucratic hurdles could hinder implementation; uncertainties in financial for public sector workers; and potential conflict and politics among government leadership or structures could make navigating key relationships more difficulty and could impede the ability of PEPFAR implementing partners to work closely with key actors.
- *Insecurity or social unrest* - could limit program staff's access and ability to deliver services and monitor implementation; restrict beneficiary and/or target population movements and seeking of services; and potentially cause supply chain disruptions, which would adversely impact HIV testing and treatment services.

12. Rapid Response Funds (RRF)

Rapid Response Funds (RRF) will be established to enable the Recipient to respond efficiently and effectively to the rapid-onset natural and/or man-made disasters in the activity's target geographic districts. The purpose of the RRF is to quickly respond to, or mitigate, natural emergencies or crisis originated emergencies, which can lead to the outbreak of disease and challenges accessing HIV prevention, and care and treatment services.

Given the potential for known and unknown risks to activity implementation, the RRF will have an annual dedicated line item of **$100,000** in the activity budget. Any RRF funds remaining by the end of activity will be de-obligated as part of the final sub-obligation. Any unutilized RRF funds will roll over, year to year. activity use of RRF requires a work plan including a summary budget, and concurrence from USAID. All activities funded by RRF will be reported on a quarterly basis and should be included in annual performance reports.

- **[END OF SECTION A]**

SECTION B: FEDERAL AWARD INFORMATION

B1. Estimate of Funds Available and Number of Awards Contemplated

USAID intends to award a Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide forty-nine million US Dollars **($49,000,000.00)** in total USAID funding over a five (5) year period.

B2. COLLABORATING, LEARNING AND ADAPTING (CLA)

This Activity is expected to contribute to USAID/Mozambique's commitment to a multi-faceted CLA approach to development. For additional resources and information please refer to USAID Learning Lab. The Awardee is expected to use these available resources to choose best practices and lessons learned during different stages of implementation of the Activity. In the spirit of partnership and collaboration, USAID will support CLA activities for HIV programs in Mozambique including participation of PEPFAR implementing partners and GRM actors. The CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative; test promising, new approaches in a continuous yet also rapid manner, search for generating improvements and efficiencies, and build on what works and eliminate what does not. CLA activities must be incorporated into both work plans and MEL plans as directed by the AOR/COR. CLA creates the conditions for fostering broader development success by:

Collaborating: Facilitating collaboration internally and with external stakeholders to promote increasingly national-led socio-economic development, i.e. enhancing existing stakeholder engagement into learning platforms, substantially coordinating with other USG or other complementary activities to ensure complementarity and reduce overlap, while also facilitating learning among activities (to reduce the collective cost while enhancing shared results faster);

Learning: Generating and feeding new learning, innovations, and performance information back into the system to inform program management, design, USG-GRM policy dialogue opportunities and funding allocations; (i.e. creating pauses for reflection within the Activity implementation scheme, engaging stakeholders for shared 'learning moments', conducting analytical review of existing and/or new evidence, testing assumptions of strategies, and employing learning questions through the CDCS);

***Adapting*:** Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions, and game changers, into strategic and programmatic adjustments This could include adjusting work plans to account for contextual shifts or tacit learning from a team's experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way.

MONITORING, EVALUATION AND LEARNING (MEL)

The MEL plan will be submitted 90 days after the award and it will include the Applicant's proposed results framework (which should build upon the results framework described earlier in the PD) to demonstrate the hierarchy of results to be achieved under the activity, along with the inclusion of appropriate outcome, output, and input level indicators and targets to characterize progress with work plan implementation and related achievements over time. Contextual information, including critical assumptions for the geo-prioritization of activities and formulation of site and district-level targets, should also be highlighted in the MEL Plan (MELP). The MELP should also describe how the implementer will use sex-disaggregated and gender-specific indicators to monitor progress toward results. As part of the MELP, the selected Awardee will need to conduct a baseline and endline report to measure the impact the activity had in reducing the gender gaps addressed in the gender analysis. Lastly, the MELP should also specify any additional plans for evaluation under the Activity, including any

planned performance mid-term assessments, and highlight any expected data collection or outcome indicator results reporting to be derived from special studies (see USAID ADS 201 for further guidance).

The selection of indicators for the MELP should also be in alignment with PEPFAR Monitoring, Evaluation, and Reporting (MER) requirements for all relevant indicators as applicable and allow for the reporting of activity-specific custom indicators into USAID's online MEL system. All monitoring, evaluation, and assessment data including raw data sets generated during the life of this Award will be shared with USAID in machine readable format as described in ADS 579 and the EO on Open and Machine Readability. This is in keeping in accordance with ADS 579.3.2.1, along with the Executive Order 13642 and the OMB Data Policy (M-13-13) which states that an agency's "public data listing should also include, to the extent permitted by law and existing terms and conditions, datasets that were produced through agency-funded grants, contracts, and cooperative agreements."

Performance monitoring data should be consistently used to inform additional program planning and learning. The Applicant must specify how the activity will ensure both performance monitoring data and evaluative information is collected in a timely fashion to inform course corrections and engage a broad array of stakeholders to promote learning.

Illustrative Activity Indicators

A limited set of program monitoring indicators will be used to track the progress of key PEPFAR-funded activities. Applications for this Activity should clearly state how proposed activities relate to these program objectives and expected outcomes and how data will be collected, verified, and reported to document progress toward meeting the objectives, including M&E staffing, as part of the staffing plan. All applications must include plans to document, monitor, and evaluate program performance. USAID will evaluate progress by monitoring selected indicators and assessing these in relation to the targets and overall objectives and expected outcomes of this Activity. Applicants are encouraged to develop indicators beyond those stated here when doing so further demonstrates progress.

Required PEPFAR Indicators

All Applicants should make sure they refer to PEPFAR's *MER Operational Guidance and Indicator Reference Guide*[39] for indicator reference sheets to ensure compliance with the latest guidance and that minimum standards for each indicator are in place. Applicants should propose notional output targets for each indicator that their proposed activities plan to cover. Successful Applicants will finalize their exact targets during the final negotiation phase of the award process and may be adjusted based on USAID guidance. The USG also strongly encourages all Applicants to provide relevant data to their local, district, provincial, and national government counterparts. The following PEPFAR MER indicators will be mandatory to all Applicants:

[39] It is expected that PEPFAR's MER Indicators will fluctuate for every year of the award. The Awardee will be required to modify reporting to align with any changes.

DREAMS:

Indicator	Description
AGYW_PREV	Percentage of adolescent girls and young women that completed the DREAMS primary package of evidence-based services/interventions
GEND_GBV	Number of people receiving post- gender - based violence clinical care based on the minimum package

HTS:

Indicator	Description
HTS_TST (including HTS_TST_POS)	Number of individuals who received HIV Testing Services (HTS) and received their test results
HTS_SELF	Number of individual HIV self-test kits distributed

OVC:

Indicator	Description
OVC_SERV	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV
OVC_HIVSTAT	Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner.

OVC Custom Indicators:

Indicator	Description
Enrollment of CLHIV	
OVC_ OFFER	Percentage of children and adolescents on ART in PEPFAR clinical settings offered enrollment into the OVC program
OVC_ ENROLL	Percentage of HIV positive children and adolescents on ART at a PEPFAR clinical setting who enroll in the OVC comprehensive program after having been offered enrollment
Treatment and Viral Load Suppression Cascade	
OVC_VL_ELIGIBLE	Percentage of HIV positive children (required) and caregivers (suggested), active or graduated, who are served by an OVC comprehensive program on ART, who are eligible for viral load testing
OVC_VLR	Percentage of HIV positive OVC (required) and caregiver (suggested), active and graduated, who are served by an OVC comprehensive program who are on ART with a known documented viral load test result within the previous 12 months
OVC_VLS	Percentage of HIV positive OVC (required) and caregiver (suggested), active and graduated, who are served by an OVC comprehensive program who are on ART and are virally suppressed (<1000 copies/ml)

B3. Start Date and Period of Performance for Federal Awards

The anticipated period of performance is five years. The estimated start date will be upon the signature of the award, or other effective date determined by the Agreement Officer.

B4. Substantial Involvement

USAID/Mozambique considers collaboration with the recipient crucial for the successful implementation of this program. Substantial involvement during the implementation of this award will include the following:

- Approval of the recipient's Annual Implementation Plans, which describe the specific activities to be carried out under the agreement;
- Approval of specified key personnel and any changes in key personnel: key personnel positions will be identified and stated in the award. The recipient must request prior approval from the USAID/Mozambique for the replacement of key personnel or changes in the key personnel positions;

- Agency and recipient collaboration or joint participation: USAID will participate as determined by the AOR on selection committees for the review and selection of subawards, if any.
- The recipient must request prior concurrence and approval from the AOR and the Agreement Officer (AO) before entering into any sub-awards under the performance of this agreement;
- Approval of the recipient's Activity Monitoring, Evaluation and Learning (MEL) Plan.

B5. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is 935, which includes the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source.

B6. Nature of the Relationship between USAID and the Recipient

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 Fortifying OVC services, Empowering adolescents and youth, and Leveraging and Incorporating community feedback in Zambezia (FELIZ) Activity which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

C1. Eligible Applicants

Eligibility for this RFA is restricted to Local Mozambican Organizations (Local Entities) as defined.

For the purpose of this section, local entity means an individual, a corporation, a nonprofit organization, or another body of persons that:

1) is legally organized under the laws of;
2) has as its principal place of business or operations in;
3) is majority owned by individuals who are citizens or lawful permanent residents of; and
4) managed by a governing body, the majority of who are citizens or lawful permanent residents of a country receiving assistance from funds appropriated under title III of this Act. (c)

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

These eligibility requirements apply only to the principal Applicant.

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

C2. Cost Sharing or Matching

Cost sharing is not required for this activity, though it is encouraged, and the use of cost share funds may lead to a program with greater impact.

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

D1. Agency Point of Contact

Patrice Lopez	Agreement Officer	plopez@usaid.gov
Judite Caetano	Senior Acquisition & Assistance Specialist	jcaetano@usaid.gov
Joyce Mbele	Acquisition & Assistance Specialist	jmbele@usaid.gov

D2. Pre-Application Conference

USAID/Mozambique will hold a pre-application conference on the date shown above. Should you intend to participate in the pre-application conference, please provide the names and email address of the individuals that will represent your organization to the points of contact identified in **Section D1**, no later than **November 6, 2023, at 05 pm (Maputo time).**

D3. Questions and Answers

Questions regarding this NOFO should be submitted in writing to the points of contact and email addresses above no later than the date and time indicated on the cover letter.
Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

D3. General Content and Form of Application

Preparation of Applications:
The applicant must furnish the information required by this NOFO. The application must be submitted in two separate parts: the Technical Application and the Business (Cost) Application. This subsection addresses general content requirements applying to the full application. Please see subsections D.5 and D.6, below, for information on the content specific to the Technical and Business (Cost) applications. The Technical application must address technical aspects only while the Business (Cost) Application must present the costs, and address risk and other related issues.

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

- Name of the organization(s) submitting the application;
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
- Program name
- Notice of Funding Opportunity number
- Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303.

Applications must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations.
- Written in English.

- Use standard 8 ½" x 11", single sided, single-spaced, 12-point Calibri font, 1" margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name.
- 10-point font can be used for graphs and charts. Tables, however, must comply with the 12-point Calibri requirement.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section B of this NOFO must be used in the cost application.
- The technical application must be a searchable and editable Word or PDF format as appropriate.
- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion; however, the official cost application submission is the unlocked Excel version.

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

D4. Application Submission Procedures

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter. Late applications may be considered at the discretion of the Agreement Officer. The applicant must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time.

The Application must be submitted by email to the point of contact in Section D.1. Email submissions must include the NOFO number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line that states: "[NOFO number], [organization name], Cost Application, Part 1 of 2".

USAID's preference is that the technical application and the cost application each be submitted separately and consolidated into as few attachments as possible. Please avoid using *.zip files and limit attachments to 15 MBs.

D5. Technical Application Format

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

The Technical application narrative **must not exceed 25 single-spaced typed pages in English** (12 font size Times New Roman Font, single spaced, typed in standard 8.5 x 11 paper size with one-inch margins both right and left and each page numbered consecutively).

Pages in excess of the limit will not be evaluated. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the prescribed format and page limitations. Any other information

submitted will not be provided to the Selection Committee and will not be reviewed. Letters of support are not requested and will not be provided to the Selection Committee.

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

- Title Page (not counted against the page limit);
- Cover Page (not counted against the page limit);
- Table of Contents (not counted against the page limit);
- Executive summary;
- Technical Interventions;
- Management Approach; and,
- Institutional Capacity.

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

Note: The award will not provide for the reimbursement of pre-award/application costs.

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

a) 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, an award results from - 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 award. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction.

b) Mark each sheet of data it wishes to restrict with the following legend: "Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

The technical application must include the following, in the order presented below:

a) Cover Page (not to exceed one page) (See Section D. 3 above for requirements)

b) Table of Contents (not to exceed one page)

c) Executive Summary (not to exceed two pages)

d) Technical Approach (not to exceed ten pages)

The technical approach must demonstrate an in-depth understanding of the development challenges in Mozambique, outline specific activities and explain how the proposed activities would help achieve the activity objectives stated in Section I, B5. Applicants are encouraged to provide a results framework, logical framework or other graphical representation of the development hypothesis. Applicants are encouraged to propose innovative yet realistic approaches that are most appropriate in the context of Mozambique, as well as methods by which new approaches will be analyzed and adapted as needed throughout

implementation. The technical approach must clearly address the factors outlined in the evaluation criteria of this solicitation.

e) Management Approach (not to exceed eight pages)

Applicant shall describe how the proposed plan will contribute towards achieving the objectives and results described in the activity description, capturing the following:

- Describe and justify the team composition and organizational structure of the activity, as well as the mechanisms by which coordination and knowledge flow across the structure will be assured.
- Demonstrate the team and organization's ability to address gender gaps and to empower women and girls.
- Describe how the technical expertise, education and experience of all staff members is conducive to achieving expected results and how key personnel meet the requirements set forth in Section III.
- The plan should specify the role and estimated amount of time each staff member will devote to the activity and/or specific components within the activity.
- Delineation of roles, responsibilities, authority, and processes for decision making within the applicant's implementation team must be clearly spelled out.

If the Applicant presents as a consortium/partnership of organizations or groups, the application shall:

- Describe the proposed consortium model and clearly demonstrate the expertise of the participating partners and the unique set of experience and expertise they bring to strengthen the activities undertaken.
- The plan should also clearly delineate the roles, responsibilities and lines of communication, authority between all consortium members, while specifying mechanisms through which collaboration and knowledge sharing will occur among teams.

Among other things, USAID/Mozambique expects the Applicant to address the following issues:

- How will the Applicant mobilize in terms of personnel, logistics set-up, and establishment of management and financial control systems?
- How will the activity work in a collaborative and inclusive team-oriented manner with local partners, the Government of Mozambique, other USAID activities/programs, and other implementing organizations to achieve results?
- What type of strategies or approaches for cost containment will be adopted?
- USAID/Mozambique expects the activity to be managed locally, including all financial decisions and administrative responsibilities. The Recipient's home office is expected to provide managerial oversight and administrative backstop, and technical assistance as needed.
- Where will activity offices outside of Maputo be located and will that selection enhance results, while ensuring collaboration?
- Applicants shall describe the grants management plan including the process of identifying, vetting and supporting grantees and how the Applicant will ensure that each partnering organization contributes to the overall strategy.

f) Institutional Capacity (not to exceed three pages)

The applicant should describe experience implementing activities of similar size and scope, including institutional capacity and past performance demonstrating their ability to address gender gaps and to empower

women and girls. This can include a description of both prime and any consortium member/partner experience. This section complements Annex 5 and as such should not be repetitive or lengthy.

g) Authorized Annexes (The below are the only Annexes authorized under this solicitation. No other supporting documentation will be reviewed and evaluated): Annexes: Promotional literature and materials regarding the applicant must not be submitted as part of the annexes. The following items are not subject to the page limitation and will not be counted (a page in the technical application, which contains a table, chart, graph, etc., not otherwise excluded below, is subject to the "page" limitation):

1) Draft Activity Monitoring and Evaluation Plan (not to exceed 5 pages)

2) Resumes of Key Personnel (each resume must not exceed 3 pages)

3) Key Personnel Letters of Commitment

4) Organizational Chart

All other items not listed as an annex are included in the above page limitation. Please number pages as "Page x of xx Pages" where a page number combined with a letter indicates a page that is exempt from the 22-page limitation.

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

5) List of Past Performance Information (not to exceed 1 page per award) - The applicant must provide a list of all its contracts, grants, or cooperative agreements involving similar or related programs during the past **three** years. The reference information for these awards must include:

- The performance location,
- Award number (if available),
- A brief description of the work performed,
- A point of contact list with current telephone numbers, e-mail address, name and title of someone, outside of the applicant organization, who supervised/oversaw the activity.

D6. Business (Cost) Application Format

The Business (Cost) Application must be submitted separately from the Technical Application. While no page limit exists for the full cost application, applicants are encouraged to be as concise as possible while still providing the necessary details. The business (cost) application must illustrate the entire period of performance, using the budget format shown in the SF-424A.

Prior to award, applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the applicant's risk in accordance with 2 CFR 200.206. Applicants should not submit any additional information with their initial application.

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

a) Cover Page (See Section D.3 above for requirements)
b) SF 424 Form (s)

The applicant must sign and submit the cost application using the SF-424 series. Standard Forms can be accessed electronically at https://www.grants.gov/web/grants/forms/sf-424-family.html

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

a) Required Certifications and Assurances

The applicant must complete the following documents and submit a signed copy upon request by the AO:

(1) "Certifications, Assurances, Representations, and Other Statements of the Recipient" ADS 303mav document found at https://www.usaid.gov/ads/policy/300/303mav

(2) Assurances for Non-Construction Programs (SF-424B)

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

b) Budget and Budget Narrative

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by activity year, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make award and may result in a rejection of the cost application. The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs. The applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable.

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

- Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential sub-applicants for the entire period of the program. See Section H, Annex 1 for Summary Budget Template
- Detailed Budget, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the applicant's program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
- Detailed Budgets for each sub-recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the activity.

The applicant must provide a summary budget table in the below format:

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

1) Personnel (Salaries and Allowances) – Must be proposed consistent with 2 CFR 200.430 Compensation -

Description	**Year 1 ($)**	**Year 2 ($)**	**Year 3 ($)**	**Year 4 ($)**	**Year 5 ($)**	**Total ($)**
Personnel						
Fringe Benefits						
Travel and Transportation						
Equipment						
Supplies						
Subawards and Contracts						
Rapid Response Funds	$100,000	$100,000	$100,000	$100,000	$100,000	$500,000
Other Direct Costs						
Total Direct Charges						
Indirect Charges						
Total Estimated Program Amount						

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

2) Fringe Benefits – (if applicable) If the applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant must use such rate and provide evidence of its approval. If an applicant does not have a fringe benefit rate approved, the applicant must propose a rate and explain how the

applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

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

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

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

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

7) Rapid Response Funds - Applicants must include the annual amount of $100,000 for a total of $500,000 for the life of the activity. These funds will be allocated if needed, to respond efficiently and effectively to rapid-onset natural and/or man-made disasters in the activity's target geographic districts.

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

<u>Method 1 - Direct Charge Only</u>
Eligibility: Any applicant
Initial Application Requirements: See above on direct costs

<u>Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)</u>
Eligibility: Any applicant with a NICRA issued by a USG Agency must use that NICRA
Initial Application Requirements: If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Additionally, at the Agency's discretion, a provisional rate may be set

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

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)
Eligibility: Any applicant that does not have a current NICRA
Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200 for further information.

Method 4 - Indirect Costs Charged As A Fixed Amount
Eligibility: Non U.S. non-profit organizations without a NICRA may request, but approval is at the discretion of the AO
Initial Application Requirements: Provide the proposed fixed amount and a worksheet that includes the following:

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

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

c) Prior Approvals in accordance with 2 CFR 200.407

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

d) Approval of Subawards

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

- Name of organization
- Unique Entity Identifier (UEI)
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list

- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

e) Unique Entity Identifier (UEI) and SAM Registration

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

1. Provide a valid UEI for the applicant and all proposed sub-recipients;
2. Be registered in SAM before submitting its application.
3. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin the process early. If an applicant has not fully complied with the requirements above by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.
Applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video, on https://sam.gov/.

f) History of Performance

The applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, not to exceed five awards, as follows:

- Name of the Awarding Organization;
- Award Number;
- Activity Title;
- A brief description of the activity;
- Period of Performance;
- Award Amount;
- Reports and findings from any audits performed in the last 3 years; and
- Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

If the applicant encountered problems on any of the referenced Awards, it may provide a short explanation and the corrective action taken. The applicant should not provide general information on its performance. USAID reserves the right to obtain relevant information concerning an applicant's history of performance from any

sources and may consider such information in its review of the applicant's risk. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

D7. Branding Strategy & Marking Plan

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

The pre-award terms entitles "1. Branding Strategy – Assistance (June 2012)" and 2. Marking Plan – Assistance (June 2012)" are hereby incorporated by reference. The full text can be found at the following link: https://www.usaid.gov/sites/default/files/documents/1868/303mba.pdf .

Profit is not allowable for recipients or subrecipients under this award.

D8. Funding Restrictions

- Profit is not allowable for recipients or subrecipients under this award.
- Construction will not be authorized under this award.
- USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the Agreement Officer.
- Except as may be specifically approved in advance by the AO, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in Section B.4 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

E1. Criteria

The merit review criteria prescribed here are tailored to the requirements of this particular NOFO. Applicants should note that these criteria serve to: (a) identify the significant matters which the applicants should address in their applications, and (b) set the standard against which all applications will be evaluated.

Technical and other factors will be evaluated relative to each other, as described here and prescribed by the Technical Application Format. The Technical Application will be scored by a Merit Review Committee (MRC) using the criteria described in this section.

E2. Review and Selection Process

The merit review criteria prescribed here are tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which the applicants should address in their applications, and (b) set the standard against which all applications will be evaluated.

Technical and other factors will be evaluated relative to each other, as described here, and prescribed by the Technical Application Format. The Technical Application will be scored by a Selection Committee (SC) using the ratings described in this section.

a) Rating

The following adjectival scoring system will be used by the technical evaluation committee to assess each of the technical criteria and sub-criteria and the technical proposal as a whole.

Adjective	Definition
Exceptional	An **Exceptional** application has the following characteristics: ● A comprehensive and thorough application of exceptional merit. ● Application meets and fully exceeds the Government expectations or exceeds NFO objectives and presents very low risk or no overall degree of risk of unsuccessful performance. ● Strengths **significantly outweigh** any weaknesses that may exist.
Very Good	A **Very Good** application has the following characteristics: ● An application demonstrating a strong grasp of the objectives. ● Application meets NFO objectives and presents a low overall degree of risk of unsuccessful project performance. ● **Strengths significantly outweigh any weaknesses that exist.**

Satisfactory	A **Satisfactory** application has the following characteristics: ● An application demonstrating a reasonably sound response and a **good** grasp of the objectives. ● Application meets NFO objectives and presents a **moderate** overall degree of risk of unsuccessful project performance. ● **Strengths outweigh weaknesses.**
Marginal	A **Marginal** application has the following characteristics: ● The application shows a **limited** understanding of the objectives. ● Application meets some or most of the NFO objectives, but presents a **significant** overall degree of risk of unsuccessful project performance. ● Weaknesses **equal or outweigh** any strength that exists.
Unsatisfactory	An **Unsatisfactory** application has the following characteristics: ● The Application **does not meet** the NFO objectives or requires a major rewrite of the application. ● Presents an **unacceptable** degree of risk of unsuccessful project performance. ● Weaknesses demonstrate a **lack of understanding** of the Government's needs. Weaknesses **significantly outweigh** any strength that exists.

Merit Review Criteria

Applicants should note that these criteria serve to: (a) identify the significant matters which the Applicants should address in their applications, and (b) set the standard against which all applications will be evaluated.

The technical applications will be reviewed in accordance with the three (3) review criteria set forth below:

Rank of Importance	Criteria Name
1	Technical Approach
2	Management Approach
3	Institutional Capacity

Sub-factors within each of the criteria are of equal importance.

Criteria 1: Technical Approach - *Technical Understanding and Approach to Address the Program Description and IRs:*

The extent to which the Applicants:

● Demonstrate an understanding of the context and challenges in Mozambique and clearly outlines feasible, innovative, technically appropriate strategies and approaches that: (1) improve access to quality services and

evidence-based interventions aimed to reduce new infections in adolescent girls. This includes activities that OVC programs can support and implement, such as education, psychosocial support, and other combinations of socio-economic approaches. The applicant must demonstrate adjust and adapt strategies to help identify subpopulations that have not yet been reached, test and link PLHIV to treatment and care services. For OVC programing the applicant should illustrate how to increase the efficiency and protection of these populations by facilitating access to biomedical HIV prevention services, such as prevention of mother to child transmission (of HIV), voluntary medical male circumcision (VMMC), pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and condoms and lubricants. The applicant's proposal should also:

● Identify and describe the risks associated with the proposed approach that is likely to affect results and propose effective strategies to mitigate or reduce risk and ensure the proposed results are achieved.

● Demonstrate a realistic and effective approach for coordinating and engaging with key public and private sector stakeholders to ensure local ownership, maximize synergy and resources, minimize overlap, and achieve the activity's goal and objective through the intermediate results.

● Present a clear and logical theory of change (TOC) that articulates pathways between the barriers and opportunities and proposes interventions and illustrative activities that will lead to improved outcomes and achieving the expected results of the activity.

Criteria 2. Management Approach - *Staffing Plan & Management Structure*

The extent to which the Applicants:

● Demonstrate how its management approach will lead to the successful and effective implementation of the proposed technical approach.

● Present a management approach and staffing plan that aligns with the proposed technical approach and will lead to the achievement of program objectives. In addition, the staffing plan and structure will be evaluated on how it demonstrates a clear and realistic approach to management of sub-awards.

● Present a coordination strategy with other stakeholders, including projects and/or activities funded by the USG, to optimize collective development impact and efficiency.

Criteria 3. Institutional Capacity *Existing Capacity*

The extent to which the Applicants:

● Demonstrate that their institution has the organizational capacity and technical expertise to manage an award of this size and complexity, drawing on specific examples of prior work with infectious diseases.

b) Business Review

Note: Cost application of applicants with technical scores of unsatisfactory will not be evaluated.

The Agency will evaluate the cost application of the applicant under consideration for an award as a result of the merit criteria review to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the

applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award; (4) determine if the overall costs proposed are realistic for the work to be performed, if the cost reflects the applicant's understanding of the requirements, and if the costs are consistent with the technical application.

Evaluation of the cost application will consider, but not be limited to, the following:

- Cost reasonableness and cost realism;
- Completeness and adequacy of proposed budget information;
- Overall cost control/cost savings evidenced in the application (avoidance of excessive salaries, excessive home office visits, and other costs in excess of reasonable requirements)

The Agreement Officer (AO) will perform a risk assessment (2 CFR 200.206). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective recipient has the necessary organizational, experience, accounting and operational controls, financial resources, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with "specific conditions" (2 CFR 200.208).

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F1. Federal Award Notices

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

F2. Administrative & National Policy Requirements

The resulting award from this NOFO will be administered in accordance with the following policies and regulations: ADS 303 https://www.usaid.gov/about-us/agency-policy/series-300/303 , Standard Provisions for Non-U.S. Non-governmental Organizations: https://www.usaid.gov/about-us/agency-policy/series-300/303.

The resulting award from this NOFO will be administered in accordance with the following policies and regulations.

See Annex 1, for a list of the Standard Provisions that will be applicable to any award resulting from this NOFO.

F3. Reporting Requirements

All reports listed below shall be submitted by the specified due dates for approval by the AO or the USAID AOR, unless otherwise agreed upon with the AO or the AOR. Recipients will consult the AOR on the format and expected content of reports prior to submission. The recipient should always be ready for revision in program indicators and reporting requirements.

The table below summarizes the main deliverables under this activity.

Deliverables/Reports		Due Date	Approval
Start-up plan, including staff mobilization.	Detailing how the partner will do the start-up plan, including staff mobilization.	30 days after award	AOR
Security Plan	Final Plan	45 days after award	AO
Annual Work Plan	1st Draft	60 days after the award date for the 1st year and by August 1 for the following fiscal years	AOR

	Final Work Plan	90 days after the award date for the 1st year and August 30 for the following year	AOR
Final Staffing Plan	The Plan must contain the key personnel names and positions, as well as the support staff and consultants and the planned dates to join the activity	60 days after award	AOR
Grants Manual	Detailing the process for identifying, evaluating, vetting, awarding, and monitoring grant activities.	60 days after award	AO
Quarterly Progress Reports	Reports are required to include quarterly and cumulative data	30 days after the end of each fiscal quarter	AOR
Quarterly Financial (SF425) & Pipeline Analysis Report (including accruals)		30 calendar days after the end of each quarter	AOR & OFM
Monitory, Evaluation and Learning Plan (MEL)	1st Draft	60 days after the award date for the 1st year and by August 1 for the following fiscal years	AOR
	Final Work Plan	90 days after the award date for the 1st year and August 30 for the following fiscal years	AOR
PEPFAR annual financial reporting [Expenditure Reporting]	Guidance on dates is determined annually by PEPFAR Coordinator's Office and guidance is provided to partner once is made available.	End of each Fiscal Year	AOR, PCO

Final Report - covering all years of the program implementation and performance.	1st Draft	60 days after the end of each quarter	AO & AOR
	Final Report	90 days after project award	AO & AOR
PEPFAR Quarterly Reporting Requirements (MER)	Submitted through DATIM platform and depending on each indicator specificity and requirement	30 days after the end of each quarter	AOR
Disposition Plan and Closeout Plan		180 days before completion of the award	AO & AOR
Other Reporting		Mutually agreed by partner and AOR/USAID	AOR
Activity Monitoring, Evaluation and Learning Plan (MEL Plan)	As discussed in Section XIX, 3. (ii)	AOR	
Branding and Marking Plan	1st Draft	45calendardays after award date	AO & AOR
	Final Branding & Marking Plan	60 days after submission of first draft	AO & AOR
Gender Analysis and Action Plan		180 calendar days after award date	AOR

A. Program Reporting

1. Annual Work Plan: Based on this Program Description/Scope of Work, the recipient shall prepare and submit a detailed annual workplan to guide the implementation process with a breakdown of activities and timelines and anticipated progress in the achievement of the activity results (consistent with the MEL Plan), as well as the associated costs. The recipient shall ensure a collaborative process in workplan development, consulting beneficiaries, partners, USAID and other relevant stakeholders in preparing the annual workplan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly relevant sections of the workplan that would enhance implementation, such as key assumptions and risks (as well as plans to mitigate and update these), lessons learned and workplan adjustments going forward.

2. Quarterly Reports: The Recipient shall submit quarterly reports that include narratives of quarterly achievements, and progress against the work plan, and agreed upon performance indicators. A format for the quarterly report shall be approved by the COR/AOR. The quarterly report shall describe and assess the overall progress to date based upon agreed performance indicators. The reports shall also describe the accomplishments of the Recipient and the progress made during the past quarter; include information on key activities, both ongoing and completed during the quarter (e.g. meetings, training, workshops, significant events, subcontracts, and grants). Quarterly Reports **must** include information on Environmental Monitoring and Mitigation Plan implementation, if applicable. Reports must be submitted via the Mission's MEL database (DevResults). In addition to the quarterly report, all targets and results for performance indicators must be submitted via the DevResults database, and when available, the Development Information Solution (DIS).

The quarterly reports should provide information on the extent to which gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. Recipients shall notify USAID of developments that have a significant impact on the award-supported activities.

The quarterly report provides the opportunity to discuss impacts of learning on the program, updates in key assumptions and the underlying development hypotheses. Also, notification shall be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award, or which may have an impact on the development hypothesis or theory of change for the activity, and/or other activities (USG-funded or not) which might be informed by such learning. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation. The Recipient shall also prepare quarterly financial reports showing the amount of funding and level of effort spent and accrued during the quarter, cumulative spending, and estimates for the next quarter. The quarterly activity and financial reports are to be submitted within 30 days after the end of each fiscal quarter to the AOR at USAID/Mozambique, through the DevResults system, except the financial reports.

3. Annual Report: Annual performance reports on activities and progress against indicators are the responsibility of the Recipient and are needed by USAID/Mozambique to provide timely input to the USG's Operational Plan. To the extent possible, the annual performance report should cover activities and results through the end of the fiscal year, and should review the cumulative experience, learning, adaptations, and the implications of these for the year. However, the draft annual performance reports must be received by USAID 30 days after the end of the year and in final no later than 90 days after the end of the year.

4. Final Report: A draft final report should be submitted to the AOR no later than 30 calendar days after the completion of the activity. The final report is due 90 calendar days after the end of the award. Three

copies should be submitted to the AOR. The report shall summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key learnings from the total implementation experience. In addition, the report should specifically address how the activity addressed gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. It shall cover the entire period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report shall also contain an index of all reports and information products produced under the award.

B. Financial Reporting

1. **Quarterly Financial Report:** In accordance with 22 CFR 226.52 the Federal Financial Reporting Form (FFR) will be required on a quarterly basis. FFR 425 must be submitted.

2. **Other Quarterly Financial Reports:** The purpose of this clause is to enable USAID to implement the tax provisions of its bilateral agreement with the GRM. To comply with this clause, the Contractor shall maintain records of all taxes paid to GRM with U.S. government funds as well as other financial information as may be required by USAID. The Applicant shall furnish this information to USAID in accordance with guidance circulated by the Contracting Officer, as amended from time to time.

3. For activities that will implement interventions in more than a single province, the applicant is requested to describe a plan to be able to report allocation and expenditures by province. Allocations and expenditures by province should add up to the total budget.

C. PEPFAR Reporting

The recipient should make sure they refer to PEPFAR's MER Operational Guidance and Indicator Reference Guide to ensure they are meeting the minimum standards for each specific indicator. The recipient should propose notional output targets for each indicator of the proposed planned activities. The recipient will finalize the final set of indicators during the negotiation phase of the award process and may be adjusted based on USG strategy. The USG also strongly encourages all recipients to provide relevant data to their local, district, provincial and national government counterparts. Please see the PEPFAR Guidance for more information. https://www.pepfar.gov/reports/guidance/index.htm.

D. Activity Monitoring, Evaluation, and Learning Plan

The activity MEL plan is a management tool that enables the Applicant and USAID to track whether desired results are being achieved and activity implementation is being adapted to changing conditions. This plan should define critical performance indicators, data collection methods and the Recipient's plans for analyzing utilizing and sharing information for reporting, accountability, learning and adaptation. The activity MEL plan is a required document, due within 90 days of the award.

For activities that plan to implement interventions in more than a single Province, the applicant must plan to develop, implement, and report on indicators disaggregated by province.

E. Baseline Report

Each activity should determine whether they need a baseline survey to establish the pre-intervention conditions to inform the development of tailored interventions and provide a basis for monitoring activity results and impacts. (Define here what is the anticipated scope of this baseline assessment, how will the findings be shared with USAID and other partners). The assessment should provide gender disaggregated statistics and also investigate specific gaps that exist between males and females with respect to the problem that is being addressed and explain or indicate potential causes of those gaps and indicate what opportunities there are to promote women's leadership and empowerment to activity outcomes. This baseline and therefore the baseline report should be conducted after the Offeror/Applicant has secured an approved activity MEL plan but within 6 months of contract award.

F. Environmental Monitoring and Mitigation Plan

This will be developed by the Applicant and approved by USAID prior to the launch of each activity having a potential adverse impact on physical and natural environment. For any activity implemented under an IEE that has a Positive Determination (PD) or a Negative Determination with Conditions, contractors and grantees must develop EMMPs to implement these conditions. If an activity contains no sub grants and all activities are known in advance, the EMMP shall be included in the work plan and/or submitted with the work plan at the onset of the activity (an annotated EMMP template can be found at http://www.usaidgems.org). Information on implementation of the EMMP must be reported through Quarterly Performance Reports. If an activity contains sub grants, subcontracts, or any activities that are not known at the time of the preparation of the work plan, sub activity Environmental Reviews with EMMPs signed by the AOR/COR/AM and the MEO are necessary prior to the approval of a sub grant or sub activity. Signed Environmental Review Forms (ERFs) and Environmental Review Reports (ERRs) will be kept in USAID's official files. Formats for ERF and ERR can be found at the following website: http://www.usaidgems.org.

G. Gender Analysis

Gender analysis is an analytical tool used to identify and understand gaps between males and females, and the relevance of gender norms and power relations in a specific context.

- Examines different roles and rights as well as relations between males and females.
- Identifies inequalities and their root causes.
- Examines differing needs, constraints, and opportunities for women/girls and men/boys.
- Determines how identified gaps or inequalities could be addressed; and
- Identifies potential adverse impacts or gender-based exclusion in planned activities.

The recipient should plan to conduct a gender analysis that identifies root causes of existing gender inequalities or obstacles to female empowerment in the context of the activity, so that the applicant can seek out opportunities to promote women's leadership and participation. The gender analysis should also identify potential adverse impacts and/or risks of gender based exclusion that could result from planned activities, including: 1) Laws, Policies, Regulations and Institutional Practices; 2) Access to and Control over Assets and Resources (including income, employment, and assets such as land); 3) Gender Roles, Responsibilities and Time Use; 4) Cultural Norms and Beliefs; 5) Patterns of Power and Decision-making; 6) Gender Based Violence

Because males and females are not homogenous groups, the gender analysis should also to the extent possible disaggregate by income, region, caste, race, ethnicity, disability, and other relevant social characteristics and

explicitly recognize the specific needs of young girls and boys, adolescent girls and boys, adult women and men, and older women and men.

H. Key Personnel

Chief of Party

The Chief of Party (CoP) (100% LOE) will have overall responsibility for coordination and management of all award activities and staff. They will have primary responsibility for representation of the project to USG and the GRM. They will have the leadership qualities, technical expertise and experience, management experience, interpersonal skills, and relationships to fulfill the requirements of the program description.

At a minimum, the CoP shall have the following Required Qualifications:

- A master's degree in public health, social welfare, institutional or organizational development, international management, public administration, or a related field
- At least 12 years of experience implementing and managing complex HIV linked to OVC, AGYW gender related programs in the Southern African region at a senior level of similar scope and size, with significant experience in PEPFAR programs.
- Technical expertise in policy and programs in Mozambique serving populations at high risk (OVC, youth, HEI and AGYW) and familiarity with GRM national OVC and youth policies.
- Demonstrated experience in financial, personnel, and technical management.
- Fluency in both English and Portuguese

Technical Director

The Technical Director (TD) (100% LOE) will be responsible for the technical oversight of the OVC components of the activity, including work planning and reporting, and should have demonstrated experience related to the management and implementation of public health programs. The TD oversees all the programmatic and technical aspects of the project, including ensuring the technical quality of services. The TD also coordinates the teams in the provinces and monitors progress against the targets set. They oversee the development and execution of the work, monitor the implementation of the work plans, and support coordination with local government and other key partners. They will report directly to the CoP, support the CoP in providing technical direction to project implementation, and ensure that the OVC results are met. They will ensure strong linkages with all other project components. This position supervises and works directly with the Program Officers

At a minimum, the TD shall have the following Required Qualifications:

- At least a degree in public health, social sciences, social work, child development, education
- At least eight (8) years of experience in development, public health and HIV programs focusing on community-based HIV/AIDS care and support, gender-sensitive social and child protection with gender, OVC, AGYW and HEI in Mozambique
- Demonstrated skills in strategic planning, supervising field teams, program management, implementation, reporting and monitoring and evaluation, preferably for PEPFAR-funded OVC programs.
- Familiarity with Mozambique's institutional, policy, and programming context for OVC
- Fluency in English and Portuguese

Monitoring, Evaluation, and Learning Manager

The Monitoring, Evaluation, and Learning (MEL) Manager (100% LOE) is responsible for all monitoring, evaluation, and reporting activities under this award. The MEL Manager will lead the development, management, and implementation of the MELP. The MEL Manager should develop and maintain systems to collect and analyze data on inputs, outputs, outcomes, and impact of the program. He/she works closely with the district staff to ensure adequate reports and good data quality. He/she will conduct supportive supervisory visits to districts and help district supervisors to observe, monitor, guide, and provide feedback on the use of data and indicators and analysis of monthly data.

At a minimum, the MEL Manager shall have the following Required Qualifications:

- A degree in demography, statistics, public health, mathematics, or another related field
- At least four (4) years of experience related to monitoring, evaluating, and reporting on programs related to HIV, social protection, or community development.
- Demonstrated experience in surveillance and monitoring and evaluation, with preferred experience related to HIV and OVC programs.
- Fluency in English and Portuguese
- Experience in design and implementation of M&E systems for community-based HIV or other public health or development program

Administrative/Financial Manager

The Administrative/Financial Manager (100% LOE) is responsible for overseeing project finances and other operational and administrative duties. He/she will supervise all grant and contract management and reporting on contract and grant performance. He/she will provide financial and technical management to ensure best use of resources by preparing sound budgets, monitoring project expenses, and ensuring timely preparation of USAID financial reports.

At a minimum, the Administrative/Financial Manager shall have the following Required Qualifications:

- Degree in finance, business, administration, accounting, or related area
- Five (5) years of demonstrated expertise in administrative and financial management in development assistance projects, including sub-grants.
- Experience in developing and managing a donor-funded grants program.
- Strong financial and operational management experience with proven management skills
- Knowledge of USG financial management rules and regulations

NOTE: USAID reserves the right to determine relevance of education and experience proposed.

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

Resumes must be no more than three (3) pages in length for each proposed individual and must be presented in chronological order, starting with the most recent experience. For key personnel, each resume must be accompanied by a SIGNED letter of commitment from each candidate indicating their: (a) availability to serve in

the stated position, in terms of days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost application. References may be checked for all proposed key personnel and long-term personnel. Applicants must provide current contact information (i.e., phone number and email address) for at least three (3) references for each proposed key personnel.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

G.1 NOFO Points of Contact

1. Patrice Lopez	Agreement Officer	plopez@usaid.gov
2. Judite Caetano	Senior Acquisition & Assistance Specialist	jcaetano@usaid.gov
3. Joyce Mbele	Acquisition & Assistance Specialist	jmbele@usaid.gov

G.2 Acquisition and Assistance Ombudsman

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

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

[END OF SECTION G]

SECTION H: OTHER INFORMATION

Other Requirements

Security Plan: The apparently successful applicant will be asked to provide a Security Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award.

As the security situation continues to deteriorate in the Northern Provinces of Mozambique, it is.imperative that applicants have a comprehensive Security Plan in place to ensure safety and security of its personnel as well as U.S Government Property. The successful applicant/s will provide a draft Security Plan as part of the application submission and a finalized plan from the winning applicant, no later than **45 days after the award**. The successful applicant/s must be aware of security conditions in the geographic locations in which the award will be performed and provide a detailed Security Plan that will ensure the safety and security of the activity staff as well as Government Property. The Security Plan must be based on a credible threat analysis and risk assessment, must be coherent, integrated, comprehensive, and demonstrate that the applicant has undertaken a thorough review of its full security needs and includes analysis of the various elements of a security system showing how threats will be mitigated.

To keep abreast of security conditions and threats, the successful applicant/s shall seek. information from available sources for all areas in which program staff will work or travel. The successful applicant/s acknowledges that security conditions are subject to change at any. moment, that USAID cannot guarantee the accuracy of any information that it may provide to the successful applicant and that USAID assumes no responsibility for the reliability of such. information. The successful applicant/s has sole responsibility for approving all travel plans for its employees and/or its dependents traveling to post if allowed by the applicant's personnel internal policies. In addition, the plan must comply with all United States Government regulations and Mozambican law. The plan is to be implemented and maintained also by all applicable subcontractors (and/or sub-grantees).

The successful applicant/s must appoint a Safety and Security Manager that will be responsible for overseeing the overall Security Plan as well as implementing and coordinating the security posture of the activity.

The plan shall include, at a minimum:

- Procedures for reporting and addressing security threats.
- Procedures for reporting any deaths or significant injuries related to the activity.
- Procedures for reporting and addressing any persons missing or kidnapping incidents.
- Name and contact information of the security contact person.

The successful applicant/s acknowledges and understands that the Agreement Officer review of the successful applicant/s security plan does not amount to certification by USAID of the sufficiency of the applicant's plan, but to ensure the successful applicant/s has a plan. USAID assumes no responsibility or liability relating to the successful applicant/s's implementation of its Security Plan, or for that of the successful applicant/s subcontractors/sub-grantees.

To ensure the plan is fully budgeted for, applicants shall provide a security budget and comprehensive budget notes. The Security Plan and budget shall also include a point of contact to answer questions or provide clarifications relating to security throughout the life of the activity. The successful applicant/s is encouraged to acquire professional advice from an expert of it choosing to assist in establishing an overall security plan. The

Security Plan and security budget will be reviewed together with the technical and cost applications, and it needs to demonstrate that the security needs to successfully implement the scope of work (SOW) as presented in the applicant's technical approach.

SECURITY REPORTING

As part of the overall security requirements, the successful applicant/s shall report any security. threats and/or incidents verbally/by telephone, immediately to the **(AOR)**.

Subsequently, **and no later than 3 business days**, a written report shall be submitted in accordance with approved procedures delineated below. The successful applicant/s shall develop a list of specific steps to track any potential/identified threats, which will be part of its overall security system. All subcontractors/sub-grantees will be required by the successful applicant/s to report any threats/incidents to the prime Recipient, who will immediately after, notify the above listed.

SECURITY REPORTING RESPONSIBILITIES

USAID requires appropriate Security reports be submitted to the (AOR). This notification requirement is in addition to any responsibilities that the awardee may have to report incidents to local law enforcement authorities and/or the USAID Office of the Inspector General (OIG).

The successful applicant/s shall report an Initial Threat Assessments and subsequent changes as often as the situation requires (monthly, quarterly etc.). The successful applicant/s is also required to notify USAID of any security related incident in a timely manner according to the following guidelines:

Incident Reporting

There are various types of Incident Reporting: Serious Incident Report (SIR); Incident Report (IR); Situation Report (SITREP); and any other security related report that may be required by USAID.

Serious Incident Report (SIR)

• An incident that involves the death, injury, kidnapping of IP personnel and/or damage to activity/Government property.
• An incident that has critically damaged the funded program, such as fire, catastrophic flood, etc.
• Initial SIR must be reported verbally immediately, and within 8 hours of the incident occurrence/discovered.
• A Complete SIR must be filed in writing/email within *3 business days* of the incident.
• Updated written SIR will continue to be filed on a timely basis (daily, weekly) as long as the situation exists. The timeline will be adjusted as required by AOR.
• Final Report SIR will summarize the incident, the subsequent happenings, and the final resolution.

Incident Report (IR)

• An incident involving accidents, potential harm, SUSPICIOUS persons or acts, threats or harassing actions against personnel or the program.
• IR should be initially reported by phone Immediately, follow up with a written report filed no later than 5 business days.

Situation Report (SITREP)

• A report that a significant, but not critical action or activity, has taken place that has impacted, or may impact, on the well-being of the personnel or the success of the program.

• This report may describe trends, secondhand information that may have bearing on the activity, or impact on future operations.
• There is no predetermined reporting timeline. The report will be issued as needed and deemed necessary by the Safety and Security Manager.

Telephonic communication is the preferred method to provide the initial information of an incident. A written report by e-mail must follow as soon as possible within above-described guidelines and it shall be as detailed as possible. The report shall follow the format approved in the original Security Plan but at a minimum it shall contain the name of the company, name of the victim(s), date, time, a description of what happened, where the incident occurred, and any other relevant details surrounding the incident. If this is an ongoing incident, progress reports should be submitted in accordance with the guidelines provided in order to keep USAID/Mozambique apprised of the situation.

Development Experience Clearinghouse (DEC) Requirements: The recipient will be required to submit deliverables and reports to the Development Experience Clearinghouse and inform the AOR that they have been submitted. The following reports are development experience documentation: Performance Reports (quarterly, semi-annual or annual). Annual, semi-annual or quarterly reports describing the progress and accomplishments of the USAID-funded activity. Final performance reports submitted 90 days after the expiration or termination of the award. Submissions are done at the following DEC address: http://www.usaid.gov/results-and-data/informationresources/development-experience-clearinghouse. Dec.

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

Applications with Proprietary Data

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

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

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

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

[END OF SECTION H]

ANNEX 1 – STANDARD PROVISIONS

(Note: the full text of these provisions may be found at: https://www.usaid.gov/ads/policy/300/303mab. The award will include the latest Mandatory Provisions for non-U.S. Nongovernmental organizations, as appropriate. The award will also contain the following "required as applicable" Standard Provisions:

Please note that the resulting award will include all standard provisions (both mandatory and required as applicable) in full text.

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

Required	Not Required	Standard Provision
TBA		RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBA		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (NOVEMBER 2020)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		RAA5. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
X		RAA6. UNIVERSAL ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM) (DECEMBER 2022)
X		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2022)
X		RAA8. SUBAWARDS (DECEMBER 2014)
X		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
	X	RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
X		RAA11. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2022)
	X	RAA12. PATENT RIGHTS (DECEMBER 2022)
	X	RAA13. [RESERVED])
	X	RAA14. INVESTMENT PROMOTION (DECEMBER 2022)
	X	RAA 15. COST SHARE (JUNE 2012)
	X	RAA16. PROGRAM INCOME (AUGUST 2020)

X		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	X	RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	X	RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	X	RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
	X	RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	X	RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	X	RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	X	RAA26. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
	X	RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
X		RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2022)
X		RAA29. [RESERVED]
		RAA30. RESERVED
	X	RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

[END OF ANNEX 1]

[END OF SOLICITATION NO. 72065623RFA00005]