Issue Date:	**Wednesday, April 3, 2024**
Deadline for Questions:	**Wednesday, April 10, 2024**
Pre-Application Conference:	**Monday, April 22, 2024**
Closing Date:	**Friday, May 3, 2024**
Closing Time:	**12 noon East Africa Time**

Subject: Notice of Funding Opportunity (NOFO) Number: 72061524RFA00004

Program Title: USAID Kenya and East Africa (KEA) Social and Behavior Change (SBC) 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 USAID/KEA SBC Activity. Eligibility for this award is restricted to Kenyan organizations.

USAID 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 C.3. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

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

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

Thank you for your interest in USAID programs.

Sincerely,

Sandra Jansen

Digitally signed by Sandra Jansen
Date: 2024.04.03 15:12:50 +03'00'

Sandra Jansen
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.

I. ACTIVITY GOAL

The USAID/KEA SBC Activity ("Activity") will support individuals (including service providers), households, and communities to adopt and maintain the practice of priority health behaviors by **(IR 1)** identifying and addressing individual, social, and structural factors that influence priority health behaviors; **(IR 2)** increasing the availability and use of evidence for design, implementation, monitoring, evaluation, and learning; **(IR 3)** strengthening Government of Kenya (GOK) systems, structures and policies to improve coordination, collaboration, and learning for SBC interventions; and **(IR 4)** strengthening the individual, organizational, and systems level technical capacity to design, implement, and monitor SBC interventions.

The Activity will contribute to the achievement of the development objectives outlined in the USAID/Kenya and East Africa (KEA) Country Development Cooperation Strategy (CDCS)[1], as well as to the USAID Bureau for Global Health's strategic priorities of preventing child and maternal deaths; achieving and sustaining epidemic control; and combating infectious diseases[2].

II. BACKGROUND AND DEVELOPMENT CHALLENGES

Across health areas, success depends on human behavior. The ability, opportunity, and motivation of individuals (including service/health providers), households and communities to adopt and maintain the practice of priority behaviors is influenced by individual, social, and structural factors. Evidence-based, theory-informed social and behavior change (SBC) interventions increase the ability, opportunity, and motivation of individuals (including health service providers) to adopt and sustain priority behavior by addressing the internal, individual , social, and structural factors that influence those priority behaviors. SBC is defined by the USAID Bureau for Global Health as "a systematic, evidence-driven approach to improve and sustain changes in behaviors, norms, and the enabling environment. SBC interventions address the individual, social, and structural factors[3] that influences the practice of target behaviors. SBC is grounded in several disciplines, including systems thinking, strategic communication, marketing, psychology, anthropology, and behavioral economics".

[1] https://www.usaid.gov/kenya/cdcs

[2] https://www.usaid.gov/global-health

[3] https://thinkbigonline.org/action/document/download?document_id=416

A. Health Sector Challenges

Malaria

Kenya is moving towards achieving the 2023 Malaria target of increasing utilization of appropriate malaria interventions to at least 80 percent. However, there are opportunities to address further the barriers to the increased utilization of appropriate malaria interventions using SBC. Some of the most important human behaviors associated with malaria control and elimination include use of an insecticide treated net (ITN), care-seeking for fever, attendance at antenatal care (ANC) clinics, use of intermittent preventive treatment of malaria in pregnancy (IPTp), and adherence to national guidelines. The prevalence of these behaviors among priority populations varies, as do the individual, social, and structural factors that influence these behaviors. In 2022, U.S. President's Malaria Initiative (PMI) Kenya supported the implementation of the Malaria Behavior Survey (MBS)[4] to better understand the prevalence of these behaviors and the factors that influence the practice of these behaviors. According to the MBS, specific to ITN use, almost one third (31%) of available ITNs in the household were not used the night preceding the survey, and only 80 percent of individuals in households with sufficient access to ITNs (one ITN per two members) used them. Specific to care-seeking for fever, according to the MBS, among caregivers, 33 percent reported that a child under age five had a fever in the two weeks preceding the survey and 50 percent of children under age five with fever reportedly received both prompt and appropriate care. Specific to ANC attendance and IPTp uptake, according to the MBS, among women with a live birth in the two years preceding the survey, 82 percent reported attending at least four ANC visits and 13 percent at least eight ANC visits. Among these women, IPTp use ranged from 87 percent for the first dose to 48 percent for the third dose.

Family Planning and Reproductive Health

Modern Contraceptive Prevalence Rate (mCPR) in Kenya has steadily increased from 39 percent in 2008-09 to 57 percent in 2022. However, Unmet Need for modern contraceptives and teenage pregnancy rates remain high at 14 percent and 15 percent, respectively, with marked geographical variations. Though nearly all women and men (99%) report knowledge about modern contraceptive methods, this has not translated into high contraceptive prevalence rates, especially among youth and marginalized populations, as persistent gaps remain in individual self-efficacy and positive social norms to use family planning (FP), negotiate safe sex, and reduce intimate partner violence. Utilization of family planning and reproductive health services is influenced by a range of issues including social-cultural beliefs and practices, gender norms (including intra household decision making), knowledge and attitudes, and access to services. Supply-side interventions are not sufficient alone to fully improve Kenyan sexual and

[4] https://malariabehaviorsurvey.org/

reproductive health at an individual or population level. Improving family planning and reproductive health in Kenya requires consistent SBC interventions/strategies that help address gender inequality, harmful gender norms, intimate partner and gender-based violence, and create a supportive enabling environment for family planning and reproductive health promotion, demand and utilization.

Maternal, Newborn and Child Health

Kenya has made significant strides in maternal, newborn and child health (MNCH) indicators. The Kenya demographic health survey (KDHS 2020) showed a significant increase in live births assisted by skilled providers, from 41 percent in 2003 to 89 percent in 2022, vaccination coverage rate for basic antigens gradually increased from 77 percent in 2008/2009 to 80 percent in 2022, stunting levels decreased from 26 percent to 18 percent between 2014 and 2022. Under-5 mortality also declined from 115 deaths per 1,000 live births in 2003 to 41 deaths per 1,000 live births in 2022. However, there are vast disparities, pointing to inequalities attributed to financial, geographical, educational, and social-cultural factors. The maternal mortality ratio and neonatal mortality rates have also stagnated. Disrespectful care and delay in accessing care is a major contributor to MNCH morbidity and mortality. The World Health Organization (WHO) identifies gender as a key parameter of health. Gender inequalities often result in health risks for women and girls, and addressing these inequalities leads to a better understanding on how unequal power relations contribute to poor health-seeking behaviors and negative health outcomes.

Traditional cultural norms limit children, women, and girls' access to service delivery. A gender analysis report by the USAID Afya Halisi (Real Health) Activity revealed the perception that men had some level of control over their wives' bodies especially when bride wealth had been paid. The implication was that women were not expected to complain—even when unwell. They were expected to make extra efforts to serve in the home and to always fulfill their duties as wives and mothers. Women's limited decision and controlled access to resources contribute to their inability to access services for themselves and their children. There is a need to engage men and women and identify ways to increase women's influence over decision making concerning their health. Early sexual debut amongst adolescents and youth increases the risk of sexually transmitted infections and early pregnancy, which is associated with school dropout and decreased access to economic opportunities and resources. Adolescent pregnancy increases the risk of maternal mortality and morbidities including complications of unsafe abortion, prolonged labor, delivery, and postnatal period (maternal and infant nutrition).

With regards to under five mortality, pneumonia accounts for 16 percent of all child deaths and is the second biggest killer of children under five years. Healthcare-seeking levels for acute respiratory infections is at 67 percent in Kenya, which is below the recommended 90 percent global coverage. There are various factors that affect health seeking behavior including availability and access of information and services, socio-cultural beliefs, amongst others. With regards to childhood immunization, demand side barriers to immunization include parents' lack of knowledge about childhood vaccinations,

fears about vaccine safety, vaccine hesitancy, and lack of transportation. Caregivers may not be aware of the threat of vaccine-preventable illness or that safe and effective vaccines are available against these diseases.

With regards to sepsis, Neonatal healthcare-associated infections (HAI) are associated with increased morbidity, mortality, long hospital stay, and costs. When resources are limited, addressing HAI through infection prevention and control (IPC) requires prioritizing interventions to maximize impact. According to Kenya National Infection Prevention and Control Policy for Health Care Services (2021), functional IPC committees and quality/ Work Improvement Teams at facility level need behavioral change approach targeting HCWs to continuously improve maternal, neonatal and child health outcomes.

Water Sanitation and Hygiene (WASH) and Menstrual Hygiene Management (MHM)

Kenya has seen improvements in its WASH access rates over recent years, with water services growing at a faster pace than sanitation. According to 2019 data from the Kenya National Bureau of Statistics (KNBS), national rates of open defecation declined from 13.6 percent in 2009 to 7.4 percent in 2019, while the rates of surface water as a drinking source declined from 26.7 percent in 2009 to 24.1 percent in 2019 (KNBS, 2009 and 2019). The 2020 UNICEF and WHO Joint Monitoring Programme (JMP) reports that 61 percent of Kenyans now have access to basic water services, 32 percent have access to sanitation services and 26 percent have access to basic hygiene services. There is evident inequality between rural and urban populations that is further exacerbated by gender inequality. Women of reproductive age, (from 15 to 49 years-of age) have an additional potential vulnerability as they must manage menstrual periods, and therefore have specific WASH needs. In many social and cultural contexts menstruation is associated with stress, shame and embarrassment, and with taboos that negatively impact and reinforce gender inequities and social exclusion. Every month, women and girls require access to menstrual materials to manage bleeding, private facilities to change menstrual materials, bathing facilities, clean water, toilet paper and/or soap and water to wash and dry themselves, and soak, wash, dry and/or dispose of used materials.

The divide in access between urban and rural areas is especially stark in the area of sanitation. In urban areas, 57 percent and 29 percent of Kenyans have access to safely managed water services and basic water services, respectively, and 51 percent of Kenyans in rural areas have at least basic access to water services. The access rate to at least basic sanitation services is 35 percent in urban areas, and in rural areas, the access rate is a meager two percent (2%). The JMP data do not include informal settlements.

HIV

On a national level, Kenya is moving closer to achieving the 2030 UNAIDS 95-95-95 targets. However, inequities among the various populations persist. For example, among children living with HIV (CLHIV), it is estimated that 74 percent know their status of which

only 74 percent are on treatment with viral suppression at 64 percent. High Interruptions in treatment (IIT) and sub-optimal viral suppression among certain segments and in certain counties suggest adherence challenges. In particular, rates of IIT are almost twice as high among adolescents and young people (AYP) as among the generation population. The rate of IIT is highest among men 20-39 years old (Source: President's Emergency Plan for AIDS Relief (PEPFAR) data). Closing these gaps and inequities will require targeted SBC and innovative applied behavioral science interventions to "move the needle" toward epidemic control and to complement structural interventions such as differentiated service delivery. As one of the first twelve countries to join the Global Alliance to End AIDS in Children by 2030, Kenya has developed a country road map to focus interventions on pregnant and lactating women (PLW), children, and adolescents. Despite an overall reduction in new HIV infections in Kenya, the country continues to have high rates of HIV incidence among some populations and in some geographical regions. The most affected populations include Female Sex Workers (FSWs) with a prevalence estimated at 27 percent and Men who have Sex with Men (MSM) with a prevalence estimated at 28 percent. These key populations face stigma and experience gender-based violence. An analysis of the distribution of new infections showed that most new infections in 2021 were among women compared to men.

Tuberculosis

Kenya has made significant progress in reducing the incidence of tuberculosis (TB) by steadily increasing the number of cases detected and reducing TB over the years. Despite these achievements, the country has not managed to diagnose all people with TB; 32 percent of incident TB cases were missed in 2022. This gap is even bigger among key and vulnerable populations including People living with HIV, children below 15 years and those with Drug Resistant TB. The treatment coverage gap also remains high with only half of those eligible for treatment reached in 2022. According to the prevalence survey of 2016, the majority of people affected by TB included men of the productive age; 25-34 years and women aged above 65 years. Other vulnerable groups for TB include health care workers and people in congregate settings like prisoners and refugees. SBC strategies for TB will promote appropriate health seeking behavior and access to quality care. These are beneficial in increasing case finding for TB among vulnerable populations, improving treatment coverage and enhancing quality of care for favorable outcomes. Ultimately, this will lead to a reduction in the TB incidence and morbidity and mortality related to TB.

Global Health Security

Global Health Security (GHS) focuses on human and animal health and the environment and their interrelationships. SBC strategies in Kenya have been used to contribute to prevention, risk mitigation and response by strengthening risk communication and community engagement (RCCE). These components have been shown to be crucial to addressing the behavioral and social aspects of health risks that precede and follow a health emergency. To maintain the gains made during the COVID-19 response and to address the persisting gaps, SBC approaches must be integrated into the preparedness and response agenda from the outset. A well-coordinated, timely and strategic RCCE

strategy and implementation plan can manage people's expectations during an emergency and assist response efforts. Affected communities need to be engaged, have their concerns understood and addressed, and offered appropriate support to make the required changes. In addition, a priority area is to reduce antimicrobial resistance (AMR) and improve infection prevention control (IPC), thus further elevating the importance of targeting providers (of both animals and people) within GHS.

B. USAID/KEA Health SBC Activities to Date

USAID/KEA has long supported implementation of SBC activities, both through standalone SBC mechanisms and integrated SBC and service delivery mechanisms. Past and current USAID/KEA supported standalone SBC mechanisms include: Agency for All[5], Breakthrough ACTION[6], and Health Communication and Marketing (HCM) Activity[7]. Documents related to these past and current mechanisms may be available on the USAID Development Experience Clearinghouse[8] (DEC).

Current integrated SBC and service delivery mechanisms include:

- Malaria: PMI Kinga
- FP and MNCH: Stawisha Pwani, SCOPE/World Relief,Nuru Ya Mtoto, Tumikia Mtoto, Jamii Tekelezi, USAID 4 The Child,
- WASH: Tujenge Jamii, Fahari Ya Jamii,Boresha Jamii
- Nutrition: Boresha Jamii,AMPATH Uzima, Stawisha Pwani,Tujenge Jamii,Imarisha Jamii
- HIV: Imarisha Jamii, Fahari Ya Jamii, Tujenge Jamii, Stawisha Pwani,Dumisha Afya, AMPATH Uzima, Imarisha Jamii, Tujitegemee
- TB: TB ARC II
- GHS: CORE Group Polio Partnership (CGPP), Community Epidemic and Pandemic Preparedness (CP3), Transformational Strategies for Farm Output Risk Mitigation (TRANSFORM), and Mission Support for Journey to Self Reliance Pivot (MSP).

C. SBC Context in Kenya

Within the Ministry, SBC related activities fall within the Directorate of Health Promotion and Education (DHPE), part of the State Department of Public Health and Professional Standards. DHPE aims to strengthen national health communication and advocacy and empower communities by addressing social determinants of health, promoting positive change, and improving overall well-being. The DHPE has two divisions: a Division of Health Information, Education, and Communication (IEC) and a Division of Health Promotion and Advocacy. The restructuring also included the creation of five sections:

[5] https://geh.ucsd.edu/agency-for-all/

[6] https://breakthroughactionandresearch.org/?s=kenya

[7] https://2017-2020.usaid.gov/sites/default/files/documents/1860/HCM_PS_Kenya_factsheet_2019.pdf

[8] https://dec.usaid.gov/dec/home/Default.aspx

policy, capacity strengthening, monitoring and evaluation, IEC material development, and advocacy. Within these sections, the DHPE has identified the following priorities:

- **Policy:** Finalizing health promotion strategy, finalizing revised national health promotion strategy, and finalizing development of health communication guidelines and RCCE guidelines.
- **Capacity Strengthening:** Developing behavior change communication training curriculum, RCCE curriculum, and human-centered design training curriculum.
- **Monitoring, Evaluation and Learning:** Developing a standardized tool for monitoring activity implementation, developing a system for monitoring activity implementation, and implementing monitoring approaches.
- **IEC Material Development:** Finalizing development IEC material development guidelines, developing an online system for storing and exchanging materials.
- **Advocacy:** Finalizing development of advocacy guidelines.

Due to a lack of financial and human resources, the DHPE's capacity to coordinate SBC activities across the MOH is limited. Individual health area programs within the MOH have more financial and human resources for the design, implementation, monitoring, and coordination of SBC activities, especially health area programs supported by the Global Fund.

D. SBC Programming Challenges

Despite decades of investment in SBC across health areas, progress has stalled. Programmatic challenges that may have impacted progress include siloed implementation (i.e. service delivery and SBC activities often implement alongside each other without meaningful collaboration, little to no coordination within USAID or the MOH), lack of insights or contextual understanding (i.e. a one-size fits all approach is applied from community to community without consideration for the individual, social, and structural factors that influence health behaviors), and limited innovation (i.e. continued implementation of the same communication-based interventions, such as health communication and health promotion which assume health is the main motivation for behavior change, rather than the implementation of evidence-based activities that address the range of individual, social, and structural behavioral factors).

III. OBJECTIVES AND EXPECTED RESULTS

A. Theory of Change

As illustrated in Figure 1 below, the theory of change for the Activity is **IF** individual, social, and structural factors that influence priority health behaviors are identified and addressed through SBC interventions, **IF** the availability and use of evidence for design, implementation, monitoring, evaluation, and learning of SBC interventions is increased and **IF** GOK systems, structures, and policies to improve coordination, collaboration, and learning are strengthened and **IF** individual, organizational, and systems level technical capacity to design, implement, and monitor SBC interventions is strengthened **THEN**

individuals (including providers), households, and communities will adopt and maintain the practice of priority health behaviors.

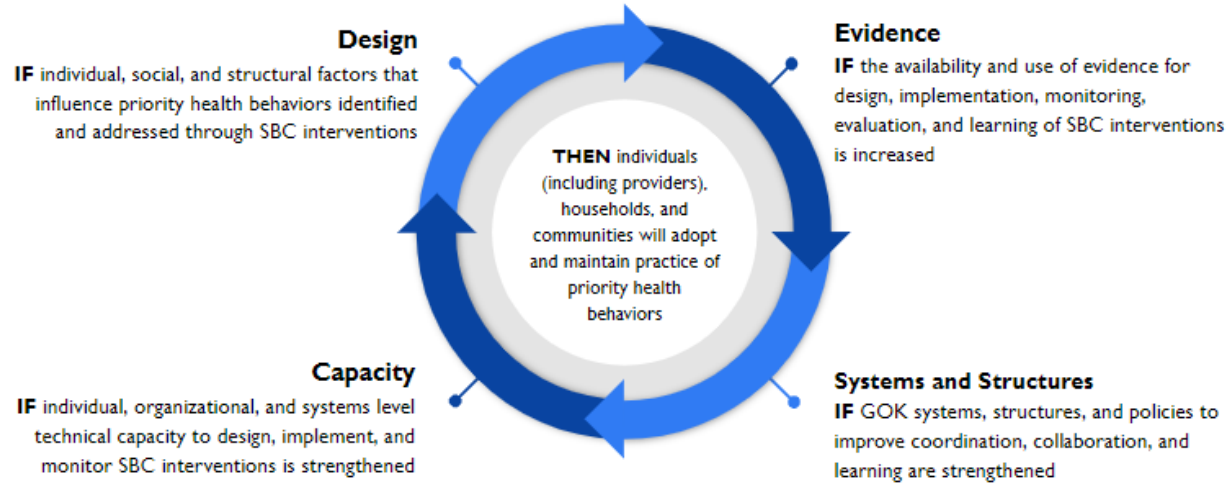


Figure 1: USAID/KEA SBC Activity Theory of Change

B. Results Framework

As shown in Figure 2 below, the Goal of the Activity is as follows:

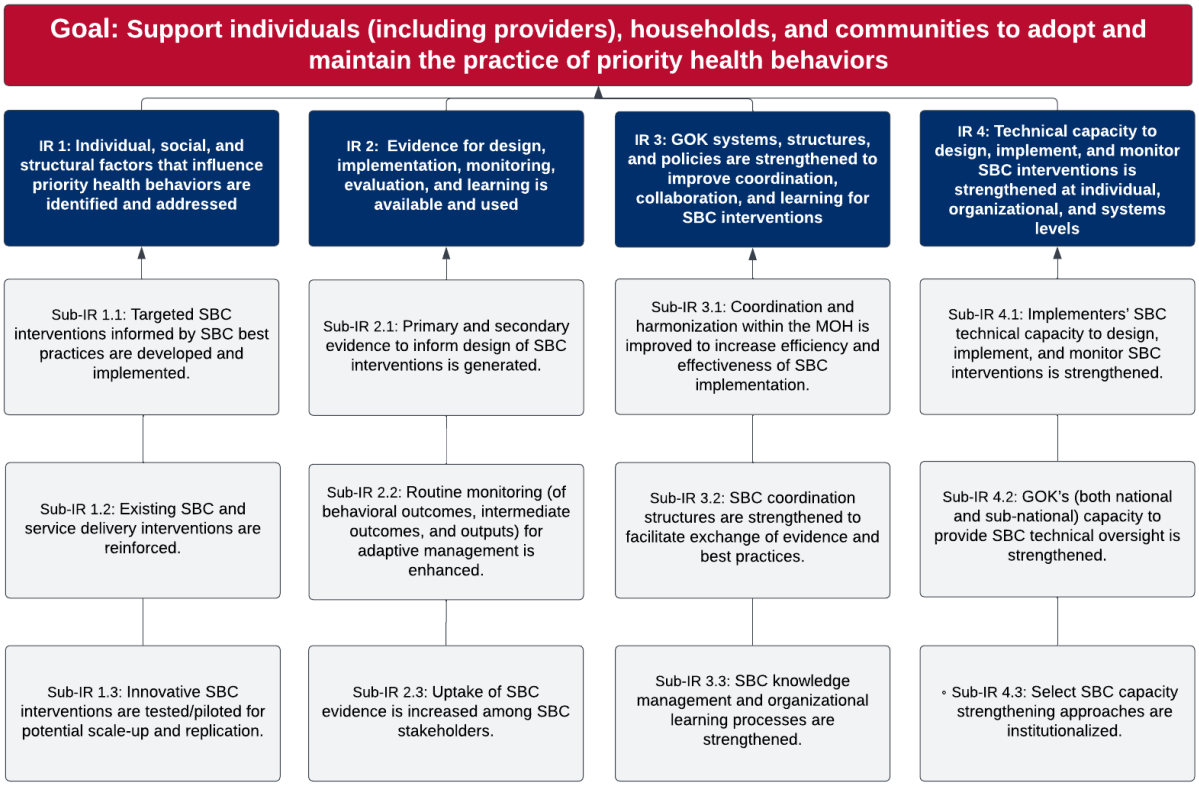


Figure 2: USAID/KEA SBC Activity Results Framework

To achieve the goal, IRs, and sub-IRs outlined in the results framework above, the Activity will use theory-informed, evidence-based SBC best practice as well as evidence uptake, knowledge management, capacity strengthening, and system strengthening best practices. All of the activities supported by the Activity should reflect the current state of SBC in Kenya as well as GOK and USAID/KEA priorities.

IV. RELATIONSHIP TO USG AND GOK PRIORITIES

A. Alignment with USG Priorities

The Activity is aligned with USAID/KEA's CDCS 2020-2025. The CDCS places Kenyan citizens in the driver's seat of their own development with an overarching five-year goal that Kenya's competitive private sector, resilient communities and civil society organizations, and citizen-responsive public sector better collaborate to drive improvements to well-being and inclusive growth that promotes sustainability. The Activity aligns with CDCS Development Objective 1 which focuses on improving key systems such as health, governance, and markets; and Development Objective 2, which aims to enhance the resilience of vulnerable populations and environments. Similarly, by addressing specific internal, social, and structural factors that influence health outcomes, the Activity will contribute to the increased utilization of health services, improved health-seeking behavior, strengthening stakeholder coordination structures, and the strengthening of community health services which are among the envisioned results in the USAID/KEA Kenya Health Systems Strengthening Project Design Document.

The Activity is also aligned with the U.S. President's Malaria Initiative Strategy, *End Malaria Faster*[9]; the PEPFAR strategy, *Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030*[10]; *USAID Global Tuberculosis Strategy 2023-2030* [11]; and Primary Impact[12]. The Activity is aligned with USAID's priorities in family planning[13] and GHS[14]. The Activity should adhere to the guidance outlined in the PMI Technical Guidance[15]. The Activity is aligned with The 2023 Gender Equality and Women's Empowerment Policy (Gender Policy)[16].

B. Alignment with GOK Priorities

The Activity is aligned with and contributes to the following GOK strategy and guidance documents: Kenya Health Sector Strategic Plan 2018–2023; Kenya Health Policy

[9] https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2021/10/10.04Final_USAID_PMI_Report_50851.pdf

[10] https://www.state.gov/pepfar-five-year-strategy-2022

[11] https://www.usaid.gov/global-health/health-areas/tuberculosis/resources/publications/usaid-global-tuberculosis-strategy-2023-2030

[12] https://www.usaid.gov/global-health/health-systems-innovation/health-systems-strengthening/primary-health-care

[13] https://www.usaid.gov/global-health/health-areas/family-planning

[14] https://www.usaid.gov/global-health/health-areas/global-health-security

[15] https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2023/02/PMI-FY-2024-Technical-Guidance.pdf

[16] https://www.usaid.gov/sites/default/files/2023-03/2023_Gender%20Policy_508.pdf

Framework 2012-2030; MOH Health Promotion Strategy 2023-2028; Kenya AIDS Strategic Framework II 2020/2021-2024/2025; Kenya AIDS Strategic Framework II 2020/2021-2024/2025 Communication Strategy; HIV and STI Surveillance Strategy 2020-2024; HIV Drug Resistance Testing Strategy 2020-2024; Kenya HIV Prevention Revolution Roadmap; Kenya National Action Plan for Health Security (NAPHS) 2019-2023; Kenya Malaria Social and Behavior Change Strategy 2022-2027; Kenya Malaria Behavior Survey Report 2022; and IHR/JEE Version 3.0, section R5.

In addition, the SBC Activity is aligned to the DHPE and its expected results within the next five years. These include the establishment of health promotion policies, increased awareness and adoption of healthy behaviors, enhanced stakeholder and community engagement, improved monitoring systems, and increased awareness of social determinants of health. The expected impact includes enhanced multi-sectoral approaches in health, reduced spread of diseases, increased demand for preventive health services, empowered communities to address health challenges, and reduced health inequalities among different populations. These efforts aim to empower communities and address health challenges in a comprehensive and equitable manner.

V. GUIDING PRINCIPLES

A. Integration

As previously mentioned, USAID/KEA anticipates that the Activity will include buy-ins from multiple health areas, including malaria, HIV, family planning and reproductive health, MNCH, TB, and GHS. Where logistically possible and technically feasible, the Activity is encouraged to explore the design and implementation of integrated SBC interventions. SBC integration can be carried out by segmenting priority populations and by designing SBC interventions according to life stage (e.g., adolescents and young adults), addressing shared behavioral determinants (e.g., gender norms), or leveraging gateway behaviors (e.g., ANC visits) to name a few commonly used approaches to SBC integration. An additional approach to integration may be to integrate SBC interventions for priority health behaviors into other sectors including education or agriculture. However, where it is not logistically possible or technically feasible, SBC interventions focused on a single health area are acceptable.

B. Coordination with Service Delivery

SBC must be coordinated with service delivery programs. The Activity must work collaboratively with USAID-supported and GOK service delivery activities where there is geographic overlap. The Circle of Care[17] model provides a useful framework for the role of SBC before, during and after services are provided. As described below, the Activity's engagement with USAID-supported service delivery partners will depend on the health area and geographic focus area.

[17] https://breakthroughactionandresearch.org/circle-of-care-model/

C. Best Practice SBC

USAID/KEA embraces and insists on the use of a theory-informed and evidence-based approach to determine the SBC interventions that are best suited to address the internal, social, and structural factors identified through formative research that influence the behaviors underpinning the achievement of health outcomes. The Activity should. extend beyond conventional SBC practices, such as health promotion and communication, to encompass a broader range of methodologies. These include human-centered design (HCD), community engagement, behavioral economics, promoting changes in provider behavior, managing infodemics, facilitating peer-to-peer support, and utilizing digital media platforms. An iterative process using co-creation with members of target populations and stakeholders, or, at minimum, pre-testing is expected.

D. Strategic Partnerships, Collaboration, and Coordination

While the Activity will work with the relevant health area programs for some activities, the Activity is expected to work directly with the HPD to achieve the goal and IRs outlined in the results framework above.

USAID is committed to a multi-faceted collaborating, learning, and adapting (CLA) approach to development. The Activity should establish strong and active collaboration and coordination between members of the target populations, communities, county governments, private sector entities, community-based organizations, faith-based organizations, civil society organizations, MOH, and other relevant ministries, other USG-funded activities, and other development partners. Opportunities for collaboration and coordination include but are not limited to co-creation, joining planning and management, joint monitoring, and joint support supervision.

E. Increased Involvement of the Private Sector

The Activity should, where appropriate, engage the private sector in the design and implementation of SBC interventions. Private sector engagement may include, for example, involvement of private sector health facilities or private sector health providers in interventions, use of private sector entities to extend coverage of SBC interventions, or establishment of public-private sector partnerships to decrease costs, leverage private sector expertise, or increase coverage of SBC interventions.

VI. GEOGRAPHIC SCOPE

The Activity will support activities at the national and sub-national levels in Kenya. At the national level, the Activity will support the DHPE, as well as, if applicable, health or disease area programs. Generally, the Activity will implement activities associated with IR 1 and IR 2 at the national and sub-national levels and activities associated with IR 3 and IR 4 at the national level.

The Activity will accomplish its goal and IRs through two modalities:

- For some health areas, the Activity will implement SBC activities sub-nationally alongside and in collaboration with USAID-funded service delivery mechanisms.
- For other health areas, the Activity will not implement SBC activities sub-nationally but will instead support USAID-supported service delivery mechanisms to design and implement SBC activities.

Currently, USAID/KEA is supporting implementation of activities for malaria at the national level and in 8 focus counties, for family planning and maternal, newborn, and child health at the national level and in 13 focus counties, for global health security at the national level and 26 focus counties, for HIV at the national level and in 34 focus counties (7 focus counties for DREAMS and 25 focus counties for OVCs), for TB at the national level and in 16 focus counties. The geographic focus areas of these activities are subject to change based on availability of funding and epidemiology. The Activity is expected to support malaria SBC activities at the national level and in all 8 focus counties, family planning and maternal, newborn, and child health SBC activities at the national level and in all 13 focus counties, global health security SBC activities at the national level and in a subset of focus counties to be determined through epidemic risk mapping, HIV SBC activities at the national level and in a subset of focus counties based on specific population needs, and TB SBC activities at the national level and in 16 focus counties.

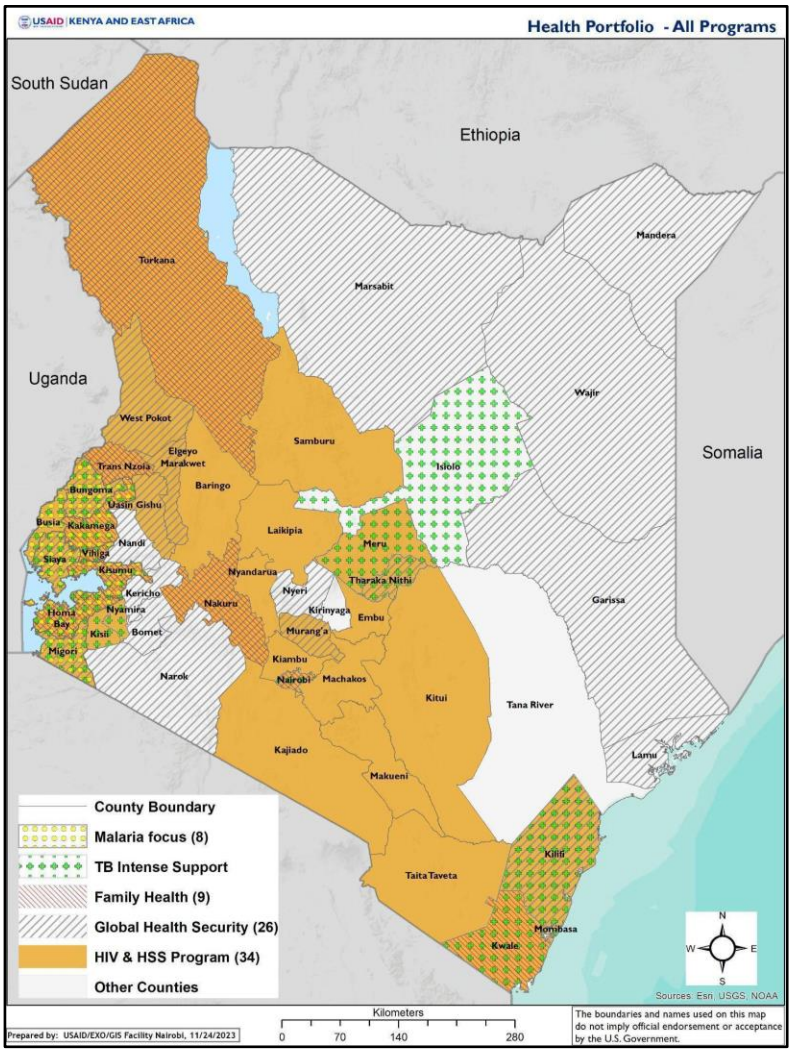


Figure 3: Map of USAID/KEA focus counties by health area.

VII. GENDER, YOUTH AND SOCIAL INCLUSION

Structural, social, and individual factors can present barriers and opportunities that drive or influence behavior. Identifying behaviors, understanding barriers and opportunities, and developing interventions all require understanding context specific values, needs, and norms to change knowledge, attitudes, beliefs, and practices. The Activity will be building on recommendations made in the USAID Kenya gender analyses. Some of the key findings revealed that harmful gender norms impact use of family planning, influence how to negotiate safe sex and perpetuate intimate partner violence and prevalence of other forms of gender-based violence. Socio-cultural beliefs and practices, norms, knowledge and attitudes further limit children's, women's, and girls' access to services, leading to differential gendered distribution and burden of new HIV infections, TB and malaria cases. Women's limited decision and controlled access to resources contribute to their inability to access and utilize RMNCH services for themselves and their children. Based on these findings, USAID/KEA will in addition complete a gender analysis to be

conducted by the successful applicant at the start of implementation and use the findings to integrate recommendations throughout implementation, M&E as required gender analysis as required in ADS 205 and the 2023 gender equality and women's empowerment policy to further inform the implementation of the planned SBC interventions.

The applicant is expected to demonstrate that they fully understand and subscribe to USAID's gender policy, to address gender-related attitudes, norms and behaviors that influence health choices and outcomes. The applicant should also describe how management structures, systems, and processes will ensure that proposed SBC interventions are reflected at all levels to ensure sustained normative and social change. Special attention should ensure that communication on demand for and utilization of health services and/or the messaging around positioning of benefits does not intentionally or unintentionally reinforce or take advantage of gender inequalities and stereotypes. The needs and issues of under-reached populations will also be strongly considered. This analysis is expected to map out how best to reach these key sub-populations and integrate the findings into work plans and interventions.

Given that 80 percent of Kenya's population is under the age of 35, it is imperative for the Activity to promote and support engagement with youth in health programming. Youth participation is essential for driving behavior change in health. Therefore, the Applicant must integrate and monitor innovative approaches to engage with youth across all result areas. These approaches should not only address the challenges faced by youth but also involve and support young people in decision-making, management, and leadership roles within the Activity.

SBC plays a crucial role in addressing social inclusion by promoting behaviors and attitudes that foster inclusion and acceptance within communities. The application must aim to create a more equitable and inclusive society that includes but is not limited to combating discrimination based on gender, race, ethnicity, disability, or other factors, and empower individuals and communities to challenge stereotypes, promote empathy, and embrace diversity. This Activity will engage stakeholders at various levels, including government agencies, civil society organizations, and local communities.

[END OF SECTION A: PROGRAM DESCRIPTION]

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SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

USAID intends to award one (1) Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to $14,950,000 in total funding over a five-year period. USAID reserves the right to make multiple awards or no award(s) at all through this opportunity. Furthermore, USAID reserve the right to: (a) reject any or all applications, (b) accept other than the lowest cost application, and (c) waive informalities and minor irregularities in
applications received.

The base amount for this award is expected to be approximately $6.25 million. In addition to this base amount, the Cooperative Agreement will include an unfunded budget allocation for three (3) opportunity modules of up to $8.7 million, inclusive of indirect costs, as follows:

- Opportunity Module A: $TBD
- Opportunity Module B: $TBD
- Opportunity Module C: $TBD

This unfunded budget allocation for the opportunity modules is not guaranteed. The opportunity modules will enable USAID to respond to unforeseen windows of opportunity that emerge over the course of implementation. Potential windows of opportunity may include buy-ins to the Activity from malaria, HIV, FP/RH, MNCH, TB, and GHS. These opportunity modules are intended to support the expansion of programming to additional health sector areas and geographic scope, as well as increase the scale of implementation. USAID/KEA may invoke the opportunity modules to implement additional interventions at any point in the life of the activity.

Opportunity modules may be exercised only at the discretion of the Agreement Officer and are contingent upon availability of funds, which may include other funding elements and reporting requirements. Use of the opportunity module will require administrative approval in accordance with the terms and procedures of the award.

Applicants may budget up to 10 percent of the base amount of the award (and of each opportunity module) for the purpose of strengthening the capacity of the recipient organization and/or its partners. If the Applicant anticipates budgeting for local capacity strengthening, it must provide a plan on how it intends to use the funds and what the expected outcomes will be. See Section D. Application Review Information, Sub-section 3b. Detailed Preparation and Submission Guidance, Phase 2 - Oral Presentations for further guidance.

All funding will be provided on an incremental basis, subject to the availability of funds and successful performance. USAID reserves the right to change the funding amounts,

cycle, and terms of the agreement as a result of availability of funding, U.S. Government requirements, or Recipient performance. If such changes occur, USAID will notify the Recipient.

2. Expected Performance Indicators, Targets, Baseline Data, and Data Collection

Applicants must propose performance indicators, targets, and baseline sources per Section A above. See additional guidance in Section D.3.b. Detailed Preparation and Submission Guidance and Section F.3. Reporting Requirements.

3. Start Date and Period of Performance for Federal Awards

The anticipated period of performance is five (5) years. The estimated start date is September 2024.

4. Substantial Involvement

USAID anticipates requiring substantial involvement under this program to assist the Recipient in achieving the supported objectives of the agreement. The intended areas of substantial involvement may include, but are not limited to, the following:

- **Approval of the recipient's implementation plans**
  The Recipient must submit Annual Work Plans (AWP) that present the overall strategic approach to the program and set annual priorities for the given implementation year. The Recipient must obtain USAID approval of the AWP, and any amendments to it, to ensure compliance with stated goals, milestones, and outputs.

- **Approval of Specified Key Personnel**
  The Recipient must obtain USAID approval for the positions designated essential to the successful implementation of the activity as "Key Personnel". USAID reserves the right to determine the relevance of education and experience for all Key Personnel positions.

- **Review and Approval of Subawards**
  USAID shall have substantial involvement in the criteria and selection of sub-award recipients through means of collaboration and joint participation. The Recipient must obtain the Agreement Officer's prior approval for the sub-award, transfer, or contracting out of any programmatic scope under this award. The term 'subaward' includes both sub-agreements and contracts under assistance.

  The Recipient must obtain the Agreement Officer's prior approval of substantive provisions of proposed subawards or contracts (defined in 2 CFR 200).

Any subawards to foreign governmental organizations or parastatal of any amount must be approved by the AO and may warrant additional clearances in accordance with ADS 303.3.21.b & c.

- **Approval of International Travel**
  Prior written approval by the Agreement Officer is required for all international travel directly and identifiably funded by USAID under this Award. The Recipient must present to the Agreement Officer or the Agreement Officer's Representative, an itinerary for each planned international trip, showing the name of the traveler, purpose of the trip, origin/destination (and intervening stops), and dates of travel, as far in advance of the proposed travel as possible, but in no event less than three weeks before travel is planned to commence. The AOR will review and concur with the recipient's international travel request, and the Recipient shall obtain the AO's prior approval before incurring any expenses related to international travel.

- **Approval to Perform Work under Opportunity Modules**
  The Recipient must obtain AO approval in writing prior to performing work under the opportunity modules.

- **Agency, Recipient, and Subrecipient Collaboration**
  When the Recipient's successful accomplishment of program objectives can benefit from USAID's technical knowledge and strategic relationship with local government stakeholders, the AO may authorize the collaboration or joint participation of USAID and the Recipient.

- **Agency Monitoring to Permit Specific Kinds of Direction or Redirection**
  The AO may authorize specific direction or redirection, including of the geographic scope, based on emerging needs, host government priorities, and the interrelationships with other U.S. Government-funded activities. All such direction or redirection must be within the program description budget, and other terms and conditions of the award.

5. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is **935**. This means the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source. The list of countries designated as Prohibited Source Countries is found at http://www.usaid.gov/ads/policy/300/310mac.

6. 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 USAID/KEA SBC 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– FEDERAL AWARD INFORMATION]

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SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligibility for this NOFO is restricted to Kenyan organizations. These eligibility requirements apply to only the principal applicant.

Only local Kenyan organizations as defined below are eligible to be the Recipient for award. USAID defines a “local entity” as an individual, a corporation, a nonprofit organization, or another body of persons that:

(1) Is legally organized under the laws of; and

(2) Has as its principal place of business or operations in; and

(3) Is

(A) majority owned by individuals who are citizens or lawful permanent residents of; and

(B) managed by a governing body the majority of who are citizens or lawful permanent residents of Kenya.

For purposes of this definition, ‘majority owned’ and ‘managed by’ include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or 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.

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

Faith-based organizations are eligible to apply for federal financial assistance on the same basis as any other organization and are subject to the protections and requirements of Federal law.

2. Cost Sharing or Matching

Cost sharing or matching are not required under this award. Applicants may propose cost-sharing. USAID will not consider cost-sharing as a factor in merit review.

Such funds may be provided directly by the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. This may include contribution of staff level of effort, office space or other facilities or equipment which may be used for the program, provided by the recipient. For guidance on cost sharing in grants and cooperative agreements see 2 CFR 200.306 .

3. Unique Entity Identifier (UEI) and SAM Registration: USAID may not award to an applicant unless the applicant has complied with all applicable Unique Entity Identifier (UEI) and System for Award Management (SAM) requirements to be eligible to receive federal assistance, such as grants and cooperative agreements, unless an exemption applies (see ADS 303maz). Applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video, on https://sam.gov/.

Applicants are not required to obtain a UEI and complete SAM registration in Phase 1: submission of concept papers but will be required if an applicant is invited to Phase 3: submission of full application for USAID's consideration (see Section D.3.a). Please be advised that 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.

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 at the time of submission of a full application (see Section D.3.a).
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.

4. Other

a. Organizations may submit only one concept note under this NOFO. All concept notes received by the deadline will be reviewed for responsiveness and programmatic merit in accordance with the specifications outlined in Section D below. Applications should respond directly to the terms, conditions, specifications, and provisions of this NOFO (including all portions of the program description). Applications that do not meet the requirements of this NOFO will not be considered for review.

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

[END OF SECTION C: ELIGIBILITY INFORMATION]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Name: My Di Le
Title: Agreement Officer
Email: mydle@usaid.gov

2. Questions and Answers

USAID/KEA will hold a virtual pre-application conference for interested parties on **April 22, 2024**. This conference will allow interested applicants the opportunity to understand the application process and ask questions about the NOFO. Interested parties that would like to participate in this virtual conference must confirm their attendance by sending the participant's name, email, and the organization's name to HPNsolicitations@usaid.gov by **April 15, 2024, at 12 noon, Nairobi local time**. **Please include the NOFO number in the email subject line when submitting participant names**. A maximum of 2 representatives may attend from each organization. No reimbursement for costs of participation will be provided. Instructions on how to participate in the conference will be provided only to those who register their interest to participate.

Questions regarding this NOFO must be submitted in advance of the conference by email to HPNsolicitations@usaid.gov no later than the date and time indicated on the cover letter, as amended. 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.

3. General Content and Form of Application

a. Overview

The application process is anticipated to include the following phases:

Phase 1: Submission of concept papers: Interested applicants will be expected to submit a concept paper not to exceed the page limit and submission instructions set forth in the NOFO. Concepts will be reviewed in accordance with the **merit review criteria under Section E** below and will be considered for further consideration after USAID's determination of meeting eligibility requirements and review criteria. The highest rated applicant(s) will be invited to the oral presentations.

In the event USAID determines none of the concept papers received are acceptable, USAID may issue an amendment to this NOFO to again seek interested applicants.

Phase 2: Oral presentation for the highest rated applicant(s): The highest rated applicant(s) will be invited to orally present their technical approach **approximately three (3) weeks** after concept papers are received. The oral presentation is a requirement and will be held in either an in-person or virtual format. The format, technical requirements,

and venue/platform will be made available to those applicants invited to participate in the oral presentations.

USAID will not be responsible for costs associated with travel or presentation costs.

The oral presentation will be evaluated in accordance with the merit review criteria set forth under Section E below. **One applicant will be selected from the Merit Review in Phase 2, as the Apparently Successful Applicant (ASA).** The ASA will be notified by letter approximately two weeks after completion of oral presentations. However, USAID reserves the right to select more than one ASA and to fund any or none of the applications submitted.

Phase 3: Submission of full application: Following the oral presentations, the ASA will be requested to submit a full technical and cost application through a written request. The ASA will have **3 weeks** to respond and submit its final application after receipt of the request for application letter.

USAID's Agreement Officer will engage in a final review, award negotiation, responsibility determination, cost/price evaluation, and other steps as needed prior to award. USAID may request additional information from the applicant concerning its technical approach, organizational capacity, management structure and past performance, cost application and representations and certifications.

USAID reserves the right to select another applicant from the pool of Phase 2 participants in case final agreement is not reached with initially selected ASA.

No funding will be made available prior to the award of the Cooperative Agreement. Once the award is signed, the implementing partner may start incurring costs.

USAID may cancel the negotiation(s) and award process at no cost to the U.S. Government.

Below is a tentative timeline for the overall review and award process under this NOFO, after release of the notice of funding opportunity.

Phase	**Week**
Release of Notice of Funding Opportunity (NOFO)/ Request for Application (RFA)	Beginning of Week 1
Phase 1- Concept paper	
Submission of Concept papers	Beginning of week 5
Review Concept papers	Weeks 5-7
Phase 2 - Oral Presentations	
Preparation and delivery of Oral	Weeks 8 – 10

Phase	Week
presentation by highly rated applicants	
Review of Oral presentations	Weeks 11-12
Phase 3: Full Application Request	
USAID request and receipt of full application	Weeks 13-15
Review of full application and discussions	Weeks 16
Negotiation of award	Weeks 17-18
Draft award document	Weeks 19-20
Sign the award	Week 20
Total estimated time from NOFO release to award	**Estimated 20 weeks to issue award**

b. Detailed Preparation and Submission Guidance

Phase 1: Concept Paper

Preparation of the Concept Paper

Each applicant must furnish the information required by this NOFO. 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.

All concept papers received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines. Concept notes that are incomplete or not directly responsive to the terms, conditions, specifications, and provisions of this NOFO may be categorized as non-responsive and eliminated from further consideration.

Applicants are not required to have an active registration in SAM.gov at the time the concept paper is submitted to USAID, but applicants are strongly encouraged to begin the registration process early. USAID may not award to any applicant unless the applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements detailed in Section C.3.

Submission of the Concept Paper

The applicant should **ONLY** submit the information and materials specified – no other format will be accepted or reviewed. Please submit the concept paper and required supporting information via email to HPNsolicitations@usaid.gov on or before the closing

date indicated on the cover page of this NOFO. A late concept note 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. Email submissions must include the NOFO number and applicant's name in the subject line heading: **"72061524RFA00004, [organization name], Concept Paper"**.

In addition, for a concept paper sent through multiple emails, the subject line must indicate the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.). For example, if your concept paper is being sent in two emails, the first email should have a subject line that states:
"72061524RFA00004, [organization name], Concept Paper, Part 1 of 2".

Applicants should retain a copy of the concept paper and all enclosures for their records.

Format of the Concept Paper

The concept paper should be specific, complete, and presented concisely. It should take into account the requirements of the program description and merit review criteria found in this NOFO. USAID will not review any pages in excess of the page limits noted in the subsequent sections.

In terms of format and style, the concept paper must:

- Not exceed nine (9) pages in length (excluding the Cover Page and Annex). Pages in excess of this stated limit will not be reviewed.
- Be written in English language on A4 letter size paper and legible; If the concept is in any other language, it will be treated as non-responsive and eliminated from further consideration.
- Use standard single sided, single-spaced, 12-point Arial font, 1" margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name. A 10-point font can be used for graphs and charts. Tables, however, must comply with the 12-point Arial requirement.
- Be submitted via Microsoft Word or PDF formats as attachments.
- Be searchable and editable and clearly labeled on all pages with the name of the submitting organization and "72061524RFA00004 USAID/KEA Social and Behavior Change Activity".

The concept paper must contain the following sections: 1) Cover Page, 2) Technical Approach, 3) Institutional Capacity and Experience, and 4) Annex. The contents of each section are described in further detail below:

i. Cover Page (maximum 1 page)

   The cover page must include the following information:

a. Name of the prime organization submitting the application;
b. Full Address of applicant organization
c. Name and Contact Information of authorized signatory and primary contact person (title, email and phone number)
d. USAID/KEA Social and Behavior Change Activity
e. NOFO number 72061524RFA00004; and
f. Name of any proposed sub-recipients or partnerships.

ii. Technical Approach (included in page count, maximum 6 pages)

In the Technical Approach, applicants should demonstrate a thorough understanding of the context and issues within the program description. They must propose relevant approaches and strategies that are innovative and sustainable and are likely to result in the achievement of the desired results and outcomes as well as the achievement of the overall activity goals and objectives. The applicant should demonstrate how they will address the cross-cutting issues stipulated in Section A, for example, environmental compliance, climate risk screening and management, gender, youth and social inclusion.

iii. Institutional Capacity and Experience (included in page count, maximum 3 pages)

Applicants must present the key partners of their consortium (i.e. proposed sub-recipients) and their role and responsibilities in the proposed activity. Applicants should describe their institutional capacity (as well as that of their partners), their ability to gather the resources and expertise necessary to implement the proposed concept, and ability to sustain their efforts for the duration of the resulting award. They should also describe past experience designing, implementing, monitoring, and evaluating evidence-based, theory-informed SBC activities as well as designing, implementing, and managing SBC capacity strengthening activities.

iv. Annex (excluded from page count, maximum 2 pages)

Proposed Logic Framework: Given the Theory of Change and Results Framework in Section A, the Applicant must include an illustration of a proposed Logic Framework detailing their understanding and interpretation of the program description, proposed interventions and how they will lead to desired goal, results, and intermediate results described in the Results Framework.

Phase 2: Oral Presentations

Preparation for Oral Presentation

Based on USAID's merit review of the concept papers, only the highest technically rated Applicants (the "Selected Applicants") will be invited to present their concept papers orally, either in person or virtually, through a PowerPoint or similar presentation.

Selected applicants will be notified promptly of the date of their scheduled presentation. They should expect prior notice before their expected date of presentation.

If the meeting is in-person, USAID will provide the conference room and media presentation equipment. Alternatively, if the meeting is virtual, USAID will provide the virtual platform details together with the notification of their scheduled presentation. All expenses and costs, including travel and lodging, incurred in preparation for, and attending the oral presentation are the responsibility of the Selected Applicants. Issuance of this NOFO does not commit the U.S. Government to pay costs incurred in preparation and/or submission of an application.

The audience for the Oral Presentation will consist of the Merit Review Committee (MRC), the Agreement Officer, and other USAID staff as observers. The Agreement Officer will chair the Oral Presentations. USAID may, however, use an in-house or contracted moderator to facilitate the presentations.

Submission of Oral Presentation

Any oral presentation materials (i.e., PowerPoint or similar format) must be sent via email to HPNsolicitations@usaid.gov on the date that will be specified/provided as part of the invitation notification. This date will be the same for all Selected Applicants. The Agreement Officer will determine the order of presentations randomly.

The invitation notification will also provide clarifying questions on issues identified from review of the concept paper. Selected applicants must submit responses to these questions in writing and to HPNsolicitations@usaid.gov at the same time the oral presentation materials are submitted.

Format of Oral Presentation

The Merit Review Committee will evaluate and score each oral presentation in accordance with the merit review criteria set forth in Section E.

- **Participants:** Selected Applicants are limited to five participants and must be present in person at the venue on the date and time specified for the presentation (provided in the invitation notification letter) if it is an in-person meeting or online if it is a virtual meeting. There will be no call-in option if the oral presentation is held in-person. It is highly encouraged that at least one participant is a prospective key personnel and up to two participants are members of proposed subrecipients, if any.

- **Agenda:** The presentation agenda will be as follows:
  i. Introductions (5 mins)
  ii. Selected Applicant Oral Presentation (45 mins)
  iii. Questions and Answers Regarding Oral Presentation (up to 30 mins)
  iv. Break and MRC Deliberation (15 mins)

v. Additional Question and Answers/Discussion (10 mins)
vi. Adjournment/Next Steps (5 mins)

The agenda will last no more two hours in total. Note that while the selected applicant's oral presentation will be in PowerPoint (or similar format), the remaining discussions will be in Question/Answer (Q&A) format with little time for consultation. Each of the Selected Applicants' participants should be an expert in the approach and will be expected to "think on their feet" and expected to participate in the presentation as well as subsequent discussions.

The time limits will be carefully followed. However, if an agenda item is completed earlier than scheduled, the group may move on to the next agenda item.

- **Oral Presentation:** Selected Applicants should assume that each member of MRC has reviewed their concept papers and therefore the presentation should build on the content introduced in the concept paper. The oral presentation materials (i.e., PowerPoint or similar format) should be organized in the following manner and include the information below:

  i. Technical Approach and Case Study: Selected Applicants should provide an overview of their approach and propose expected outcomes, key performance indicators, and targets. Each applicant will introduce a real-life scenario that exemplifies a targeted behavior or SBC issue and use their proposed approach to address the issue presented in the scenario. Applicants must, in their presentation, explain how their SBC proposal directly addresses the identified problem and discuss the step-by-step plan for implementing the SBC strategies.

  ii. Organizational Management and Staffing Plan: The Selected Applicant should present its management approach and staffing plan and demonstrate how these will effectively support the technical approach to achieve results in the program description. The staffing plan must include the Selected Applicant's proposed Key Personnel positions.

  Key personnel are those personnel considered to be essential to the work being performed under the activity. The Selected Applicant must propose a minimum of two (2) and a maximum of five (5) Key Personnel positions and must include the minimum qualifications and roles and responsibilities for each position. The Selected Applicant must not propose specific individuals to fill these positions at this stage. Only the Apparently Successful Applicant will be requested to propose personnel and submit CVs to the Agreement Officer for approval. Collectively, the proposed set of Key Personnel qualifications must include:

  - An advanced degree (i.e., a master's degree or a doctorate) or a Bachelor's degree in public health, applied behavioral science/policy,

communications, or in a field relevant to the proposed position;

- Demonstrated expertise in social and behavior change, applied behavioral science, public communications, psychology, or other relevant health or public administration background;
- Progressively responsible managerial experience implementing complex donor-funded projects;
- Experience implementing monitoring and evaluation (M&E) activities for complex programs such as, but not limited to, setting up and managing M&E systems that track performance, data collection and management, and application of statistical methods;
- Experience building partnerships with national and subnational governments, donors, private sector, and/or local community organizations;
- Experience in capacity-building of local partners;
- Experience managing technical assistance activities;
- Strong oral and written communication and presentation skills in English

iii. Local Capacity Strengthening and Sustainability Plan: The Selected Applicant should discuss proposed local capacity strengthening activities and approach for sustainability of impact and outcomes. If the Selected Applicant will elect to budget up to 10 percent of the available funding for capacity strengthening needs for itself and/or its partners, the Selected Applicant must discuss proposed activities and expected results from the funding.

Phase 3: Full Application

One applicant is anticipated to be selected from Phase 2 as the Apparently Successful Applicant (ASA). General instructions on submission of the full application are provided below. Only the ASA will be notified by the Agreement Officer and receive a written request for a full application (technical application and business/cost application) with additional and specific details on the full application submission. Please do not submit the full application without USAID's notice.

Format of the Technical Application

The format and style of the technical application must:

- Not exceed **15 pages**, not including the cover page, table of contents, acronym list, list of tables and figures, if relevant, executive summary, and annexes. Any figures and tables within the technical application itself (not the annexes) must fit within the 15-page limit.
- Be written in English language on A4 letter size paper and legible; If the technical application is in any other language, it will be treated as non-responsive and eliminated from further consideration.
- Use standard single sided, single-spaced, 12-point Arial font, 1" margins, left

justification and headers and/or footers on each page including consecutive page numbers, date of submission, and ASA's name. 10-point font can be used for graphs and charts. Tables, however, must comply with the 12-point Arial requirement.

- Be submitted via Microsoft Word or PDF formats as attachments.
- Be searchable and editable and clearly labeled on all pages with the name of the submitting organization and "USAID/KEA Social Behavior Activity".

The technical application must include the following sections:

I. **Cover Page** (max 1 page, not included in 15-page limit): The cover page must include the following information:
   - Name of the prime organization submitting the application;
   - Full Address of applicant organization
   - Name and Contact Information of authorized signatory and primary contact person (title, email and phone number)
   - USAID/KEA Social and Behavior Change Activity
   - NOFO number 72061524RFA00004; and Name of any proposed sub-recipients or partnerships.

II. **Table of Contents** (not included in 15-page limit): A list of all major sections (below) and page numbers.

III. **List of Acronyms** (not included in 15-page limit): List of the short and long form of all acronyms used in technical application.

IV. **List of Tables and Figures, if relevant** (not included in 15-page limit)**:** A list of all tables and figures and corresponding pages included in the technical application.

V. **Executive Summary** (max 1 page, not included in 15-page limit): A succinct summary of the technical application.

VI. **Technical Approach** (included in 15-page limit): A clear technical approach and proposed interventions that respond to the Program Description, contribute to the achievement of the goals, results, and intermediate results described in the results framework, and respond to the Merit Review Criteria. Include relevant examples that demonstrate the feasibility of the technical approach. Describe where similar interventions or activities have worked and what adaptations may be necessary for the proposed context. The proposed logic framework developed for the concept paper should be included and referenced in the Annex. Any modifications that need to be made following the oral presentation should be included. The technical approach should address the guiding principles mentioned in the Program Description.

VII. **Monitoring Evaluation and Learning approach** (included in 15-page limit): Proposed Monitoring Evaluation and Learning and adaptive management approach should include illustrative activity level indicators for each level of the results framework, including goal, IRs, and sub-IRs. Applicants should include a discussion of how they plan to collect, analyze and disseminate data and information.

VIII. **Organizational Management and Staffing** (included in 15-page limit): A description of the ASA's organizational structure (organizational chart) [the actual figure should be Annex A], including location of proposed office(s), technical,

administrative, and support staff (including approximate LOE), and a description of the overall management plan for effective and adaptive management of multiple partners and at the national and county levels. The management plan should also clearly specify how USAID-funded activities will leverage and support but be distinct from those funded by other donors if any. The ASA must include the proposed Key Personnel positions, a description of the roles and responsibilities, and minimum qualifications for each position.

IX. **Local Capacity Strengthening and Sustainability Plan** (included in the 15 page limit): A description of proposed local capacity strengthening activities and approach for sustainability of impact and outcomes.

X. **Institutional Capacity and Experience** (included in 15-page limit): A clear description of the ASA's past and current capacity to implement the proposed activities.

XI. **Annexes** (not included in 15-page limit):
    - Logic Framework: An illustration of the proposed Logic Framework detailing their understanding and interpretation of the program description, proposed interventions and how they will lead to desired goal, results, and intermediate results described in the Results Framework.
    - Organizational Chart: A visual representation of the proposed organizational and staffing structure, including identifying any formal relationships with consortium partners/ significant sub- awardees
    - Staffing Matrix: A table including the name, titles, areas of expertise, and LOE for all staff expected to contribute more than 15% LOE to the project.
    - Letters of Commitment from Consortium Partners, if relevant: A statement from consortium partners, if relevant (i.e. no letters are required if there are no consortium partners), outlining their scope of work under the project and their intent to fulfill their scope of work over the life of the project.
    - Resume or Curriculum Vitae from proposed Key Personnel: A succinct resume or curriculum vitae for each proposed key personnel including relevant professional experience and the name and contact information of three professional references.
    - Letters of Commitment from Key Personnel: A statement from proposed key personnel, stating their availability within two months of award date and their intent to stay on the project for at least two years. [Not included in 15-page limit, and 1 page limit each]
    - Up to five (5) Past Performance Short Forms: A summary of relevant past experience and current activities of similar nature and scale to the proposed project. [Not included in 15-page limit] [3 page limit each]

Format of the Business/Cost Application

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):

i. **Cover Page**: See Phase 3. Full Application, Format of the Technical Application for requirements.

ii. **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.

iii. **Required Certifications and Assurances**: The applicant must complete the following documents and submit a signed copy with their application:
(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).

iv. **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 project 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 AO will provide the ASA with detailed instructions for submission when requesting the full application.

v. **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.

vi. **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.

vii. **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:

4. Provide a valid UEI for the applicant and all proposed sub-recipients;
5. Be registered in SAM before submitting its full application.
6. 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/.

viii. **History of Performance**: The AO will request only the ASA to provide 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 three years or 10 awards, whichever is less, 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 three 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.

ix. **Funding Restrictions:** Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.331 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

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.

x. **Conscience Clause Implementation (Assistance)**
(a) An organization, including a faith-based organization, that is otherwise eligible to 7 receive funds under this agreement for HIV/AIDS prevention, treatment, or care—
1) Shall not be required, as a condition of receiving such assistance—

(i) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or

(ii) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.

(b) An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Mandatory Standard Provision titled "Notices" as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.

(c) In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror's proposal will be evaluated based on the activities for which a proposal is submitted, and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

xi. **Conflict of Interest**

a. Personal Conflict of Interest

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an 8 Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or recipient employee.

2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

b. Organizational Conflict of Interest

The applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the applicant with an unfair competitive advantage in competing for this financial assistance award. Examples of an unfair competitive advantage include but are not limited to situations in which an applicant or the applicant's employee gained access to non-public information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

[END OF SECTION D: APPLICATION AND SUBMISSION INFORMATION]

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SECTION E: APPLICATION REVIEW INFORMATION

1. 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.

2. Review and Selection Process

USAID will conduct a merit review of all applications received that comply with the instructions in this NOFO.

A. Merit Review – Phase 1 Concept Papers

For Phase 1, the criteria listed below are presented in order of importance. Criterion 1 is more important than Criterion 2.

A1. Technical Approach: The extent to which the proposed technical approach is evidence-based and innovative, leading to the achievement of the Activity goal, results, and guiding principles specified in the Program Description.

A2. Institutional Capacity and Experience: The extent to which the applicant and its partners jointly demonstrate the technical and managerial capacity necessary to successfully implement the proposed activity.

B. Merit Review – Phase 2 Oral Presentations

For Phase 2, Criteria B1 and B2 are of equal of importance and Criterion B3 is of least importance.

B1. Technical Approach and Case Study:

a. The extent to which the proposed outcomes, key indicators, and targets are realistic, ambitious, and achievable.
b. The extent to which the case study demonstrates the ability of the technical approach to achieve the goal and intermediate results described in the results framework.

B2. Organizational Management and Staffing:

a. The extent to which the proposed management and staffing plan clearly demonstrates a flexible and feasible approach to successfully implement the Activity.
b. The extent to which proposed Key Personnel positions are necessary and the responsibilities and skill sets are complementary.

B3. Local Capacity Strengthening and Sustainability Plan: The extent to which the proposed activities and approach are reasonable and realistic for achieving sustainability of impact and outcomes.

B. Merit Review – Phase 3 Full Application

USAID/KEA will evaluate the full technical application of the apparently successful applicant as “Acceptable” or “Unacceptable” based on the extent to which the application adequately incorporates feedback provided to the applicant in Phase 1 and 2.

C. Business Review

The Agency will evaluate the cost application of the applicant(s) 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.

Proposed cost share, if provided, will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

The 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: APPLICATION REVIEW INFORMATION]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. 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.

2. Administrative & National Policy Requirements

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

For Non US organizations: ADS 303, Standard Provisions for Non-U.S. Non-governmental Organizations.

See Annex 2, for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

3. Reporting Requirements

The programmatic reporting requirements below may be made part of any award issued under this NOFO. If timelines for submissions are not identified below, they will be determined by the Agreement Officer's Representative (AOR). More detail on each reporting deliverable will be included in the eventual award. The recipient must also consult with the AOR on the format and expected content of all reports prior to submission.

- **Financial Reporting:**

  The Recipient will submit electronic copies of Financial Reports (quarterly SF 425 and final SF 425) in keeping with 2 CFR 200 and 2 CFR 700. The SF 425 must be submitted via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov). In addition, copies of all final financial reports shall be submitted to Mission Financial Payments office at NairobiRFMSPayments@usaid.gov and the AOR. The following reporting period end dates shall be used for quarterly reports: 3/31, 6/30, 9/30, or 12/31.

- **Performance Reporting**

  a. Annual Work Plans

  The Recipient will develop the initial annual work plan within 30 days of the effective date of the award. The plan will be reviewed and approved by the AOR within thirty (30) days after receipt of the draft work plan.

In subsequent program years, 30 days before the end of each USAID fiscal year, which ends on September 30th, the Recipient will submit to the AOR an annual work plan for the following fiscal year. The work plans will include proposed activities for the given year, time frame for implementation of annual activities, detailed budget, review of previous year's accomplishments (if applicable), problems, and progress towards achieving award results and proposed annual accomplishments and progress towards achieving results.

b. Activity Monitoring, Evaluation and Learning Plan (AMELP)

Within 90 days of award the Recipient will submit an Activity Monitoring, Evaluation and Learning Plan (AMELP) for the life of the activity that derives from the activities outlined in the program description, using a standardized Mission AMELP template, to be shared after award. The AMELP should be framed by, and closely aligned with, the Activity's theory of change. The AMELP will provide annual and five-year performance indicator targets, including attention to differential impacts by sex, age, and geographical location. The AMELP must include an appropriate set of quantitative and qualitative performance indicators. The recipient will conduct an in depth situation analysis that will inform the AMELP. The AMELP will indicate benchmarks and indicators to measure progress for each level of the results framework, including goal, IRs, and sub-IRs, and will include methods of data collection and analysis of the same. The AMELP must include at least one indicator per activity-level outcome, with baseline values or plans to collect baseline data and annual targets that are ambitious yet realistic. The AMELP and reporting must include data by county and frequency in accordance with USAID/KEA standards. Proposed indicators should also measure local partner capacity building and sustainability. Additional requirements or sections that are strongly recommended include an evaluation plan, a plan for learning and adapting throughout the life cycle of the activity, plans for collecting, analyzing, storing, and ensuring quality of data, resources required for all planned MEL activities, information on roles and responsibilities for all MEL activities, and a plan for gathering beneficiary feedback.

Evaluations and studies will be used to determine the impact of the SBC activity investments on the overall service delivery programs as appropriate. The recipient will use the collaborating, learning and adapting (CLA) approach during the Activity's implementation. 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, targeted research for generating improvements and efficiencies; and build on what works and eliminate what doesn't work. The recipient will identify and monitor research and/or learning questions or evidence gaps, especially as they relate to key programmatic assumptions and/or the influence of external contextual conditions on activity impact and apply learning and evidence gathered to make adjustments and adaptations as deemed necessary during the implementation. Application of the new knowledge to implementation decisions will be reflected in the Activity Work Plans and AMELP.

In the context of social and behavior change in Kenya, digital tools and components play a crucial role. In the MEL plan, the Applicant must identify digital solutions for

safe data acquisition, collection, dissemination, analysis, and reporting. Additionally, sustainable platforms and digital tools should be identified to maximize the long-term impact of the Activity. This includes increasing connectivity and networking among beneficiaries, utilizing safe and cost-effective digital and virtual platforms to enhance the efficiency and sustainability of health interventions.

c. Bi-Annual Performance Reports

The Recipient will submit bi-annual reports that give insight into the progress of planned activities. The narrative report will include qualitative and quantitative information describing activities carried out and specific results achieved during the period. In addition, the narrative report will indicate key implementation challenges encountered and how they were or are planned to be resolved. To the extent that the PMP includes quarterly targets, this should be reflected in the narrative report. Each performance report will also include the following: i) at least one snapshot or success story; ii) content for social media, such as text and photos for tweets; iii) any innovative approaches supported by the Activity and their impact on achieving results; iv) a discussion of how the Activity is utilizing local expertise and strengthening local capacity to achieve health systems strengthening and sustainability goals or results; v) linkages with other USAID and other donor programs and their impact on the results of this Activity, and vi) the extent to which women, youth, persons with disabilities, people from minority clans, or other vulnerable groups were participants. Reporting schedule will be agreed upon with the USAID AOR. The report should also include budgeted versus actual expenditures (along with a brief analysis of any variance) and estimated accruals for the period.

d. Annual Reports

Within 30 days after the close of each USAID fiscal year, the Recipient will submit to the AOR a comprehensive annual report that reflects the progress of program activities over the last year. (This report would complement, not replace, the relevant bi-annual reports.) The report, based on the approved PMP but not necessarily limited to such, should indicate the results, and impact the program is having on the target beneficiaries.

e. Final Report

The final performance report is a detailed report which summarizes the accomplishments and impact in relation to the expected results, in accordance with the approved PMP. It should contain a three-page executive summary, an index of all reports and information products produced under the agreement and should discuss the elements in 2 CFR 200.329.

The report shall be submitted no later than 90 days after the end-date of the agreement to the Agreement Officer, and the AOR.

f. Closeout Plan

Six (6) months prior to the completion date of the agreement, the Recipient will submit a demobilization plan for Agreement Officer approval. The demobilization plan shall include a) draft property disposition plan, b) plan for the phase-out of in-country operations, c) delivery schedule for all reports or other deliverables required under the agreement, and d) timetable for completing all required actions in the demobilization plan, including the submission date of the final property disposition plan to the Agreement Officer.

g. Branding and Marking Plan

The Recipient must submit a branding and marking plan to be evaluated and approved by the Agreement Officer, in consultation with the Mission Development Outreach and Communications DOC) Office, and with concurrence from the Agreement Officer's Representative (AOR), due no later than 30 days after the award is made, in full compliance with ADS 320. The Branding Strategy must describe how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens. The Marking Plan must detail the public communications, commodities, and program materials, and other items that will visibly bear the "USAID Identity," which comprises of the USAID logo and brandmark, with the tagline "from the American people."

Please refer to ADS 320, (http://www.usaid.gov/policy/ads/300/) specifically ADS 320.3.3.3 for more information. Additionally, marking shall comply with the USAID "Graphic Standards Manual" available at: www.usaid.gov/branding, or any successor branding policy.

4. Environmental Compliance

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered, and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204[18] , which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Recipients will comply with environmental compliance obligations under these regulations and other applicable.

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

[18] https://www.usaid.gov/about-us/agency-policy/series-200/204

The Agency approved an Initial Environmental Examination (IEE) Kenya Health Systems Strengthening PDD IEE_090922[19] that expires on October 1, 2027 covering Social and Behavior Change activities expected to be implemented under this solicitation. The IEE provides a Categorical Exclusion determination for this solicitation.

As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Agreement Officer's Representative and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities to determine if they are within the scope of the approved Regulation 216 environmental documentation.

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

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

5. Climate Risk Screening and management

Climate Risk Executive Order 13677 on "Climate-Resilient International Development" requires USAID to assess and address climate risk across all its investments. Accordingly, a climate risk assessment was conducted for this activity as part of the IEE. The CRM identifies relevant climate risks posed to the project and qualitatively assesses them as Low, Moderate or High. Climate risk management screening is the process of assessing, addressing, and adaptively managing climate risks that may impact the ability of USAID-funded programs to achieve their objectives. The screening outlines specific climate risks that have potential negative consequences on projects or activities due to changing climatic conditions and opportunities to address the risks identified.

USAID/KEA will integrate measures to manage climate risk into the Work Plan. The designated AOR will oversee the implementation of the requirements.

6. Other Requirements

a. Development Experience Clearinghouse Requirements

The Recipient shall be required to submit any technical reports produced under this program, in English, to USAID's Development Experience Clearinghouse (DEC)

[19] https://ecd.usaid.gov/repository/pdf/56221.pdf

according to the instructions found at https://dec.usaid.gov/dec/content/submit.aspx.

[END OF SECTION E: APPLICATION REVIEW INFORMATION]

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

1. NOFO Points of Contact

Name: My Di Le
Title: Agreement Officer
Email: mydle@usaid.gov

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: FEDERAL AWARDING AGENCY CONTACT(S)]

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SECTION H: OTHER INFORMATION

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: OTHER INFORMATION]

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ANNEX 1 - SECTION A PROGRAM DESCRIPTION (KISWAHILI)

Shughuli za Mabadiliko ya Kijamii na Tabia (SBC) za Shirika la USAID la Kenya na Afrika Mashariki (KEA)

This is a courtesy language translation of this document. The official text is the English language version. Any discrepancies or differences created in translations are not binding and have no legal effect for compliance or enforcement purposes. USAID accepts no responsibility and disclaims any and all liability for damages that may occur due to outdated or incorrect translations. No warranty of any kind, either express or implied, is made as to the accuracy, correctness, or completeness of any translation.	*Hii ni tafsiri ya lugha ya adabu ya hati hii. Nakala rasmi ni toleo la lugha ya Kiingereza. Tofauti zozote au tofauti zilizoundwa katika tafsiri hazilazimiki na hazina athari za kisheria kwa madhumuni ya kufuata au kutekeleza. USAID haikubali kuwajibika na inakanusha dhima yoyote na yote kwa uharibifu unaoweza kutokea kutokana na tafsiri zilizopitwa na wakati au zisizo sahihi. Hakuna udhamini wa aina yoyote, ama wa kueleza au kudokezwa, unaotolewa kuhusu usahihi, usahihi au ukamilifu wa tafsiri yoyote.*

SEHEMU YA A: MAELEZO YA PROGRAMU

Fursa hii ya ufadhili inaidhinishwa chini ya Sheria ya Msaada wa Kigeni (FAA) ya 1961, kama ilivyorekebishwa. Tuzo itokanayo itakuwa chini ya 2 CFR 200 - Utawala sawia. Mahitaji, Kanuni za Gharama, na Mahitaji ya Ukaguzi kwa Tuzo za Shirikisho, na nyongeza za shirika la USAID, 2 CFR 700, pamoja na mahitaji ya ziada yaliyopatikana katika kifungu cha F.

I. LENGO LA SHUGHULI

Shughuli ya Shirika la USAID / KEA SBC ("Shughuli") itakua ya usaidizi kwa watu binafsi (ikiwa ni pamoja na watoa huduma), kaya, na jamii kupitisha na kudumisha desturi za tabia ya afya zilizopewa kipaumbele katika **(IR 1) k**utambua na kushughulikia sababu za kibinafsi, kijamii, na miundo inayoathiri tabia za afya za kipaumbele; **(IR 2)** ili kuongeza upatikanaji na matumizi kwa madhumuni ya ushahidi wa kubuni, utekelezaji, ufuatiliaji, kutathmini, na kujifunza; **(IR 3)** ili kuimarisha mifumo ya Serikali ya Kenya (GOK), miundo na sera za kuboresha uratibu, ushirikiano, na kujifunza kwa hatua za SBC; na **(IR 4)** ili kuimarisha uwezo wa kiufundi wa mtu binafsi, shirika, na mifumo ili kubuni, kutekeleza, na kufuatilia hatua za SBC.

Shughuli hiyo itachangia kufikia malengo ya maendeleo yaliyotajwa katika shirika la USAID / Kenya na Mashariki mwa Afrika (KEA) Mikakati ya Maendeleo ya Ushirika Nchini (CDCS), na pia kwenye Afisi ya shirika la USAID ya Vipaumbele vya Kimkakati vya Afya Duniani Kuzuia vifo vya watoto wachanga na mama vitokanavyo na uzazi; kufikia na kuendeleza udhibiti wa majanga; na kupambana na magonjwa ya kuambukiza.

II. HISTORIA NA CHANGAMOTO ZA MAENDELEO

Katika masuala yote ya afya, mafanikio yanategemea tabia za kibinadamu. Uwezo, fursa, na motisha ya watu binafsi (ikiwa ni pamoja na watoa huduma / afya), kaya na jamii kupitisha na kudumisha tabia za kipaumbele huathiriwa na mambo ya kibinafsi, kijamii, na mambo ya kimuundo. Uingiliaji kati unaotegemea ushahidi, unaotokana na nadharia ya mabadiliko ya tabia za kijamii (SBC) huongeza uwezo, fursa, na motisha ya watu binafsi (ikiwa ni pamoja na watoa huduma za afya) kupitisha na kuendeleza tabia ya kipaumbele kwa kushughulikia mambo ya ndani ,ya mtu binafsi, kijamii, na mambo ya kimuundo ambayo yanaathiri tabia hizo za kipaumbele. SBC inafafanuliwa na Ofisi ya shirika la USAID ya Afya ya Ulimwenguni kama "mbinu ya utaratibu, inayoendeshwa na ushahidi ili kuboresha na kudumisha mabadiliko ya tabia, kanuni, na mazingira ya kuwezesha. Uingiliaji kati wa SBC unashughulikia Sababu za kibinafsi, kijamii, na kimuundo vinavyoathiri utendaji wa tabia zinazolengwa. SBC imejikita katika taaluma kadhaa, zikiwemo fikra za mifumo, mawasiliano ya kimkakati, uuzaji, saikolojia, anthropolojia, na uchumi wa tabia ".

A. Changamoto za Sekta ya Afya

Malaria

Kenya inaelekea kufikia lengo la Mwaka wa 2023 la Malaria la kuongeza matumizi ya hatua zinazofaa za kudhibiti malaria kwa angalau asilimia 80. Hata hivyo, kuna fursa za kushughulikia zaidi vikwazo vya ongezeko la matumizi ya hatua zinazofaa za malaria kwa kutumia SBC. Baadhi ya tabia muhimu zaidi za kibinadamu zinazohusiana na udhibiti na uondoaji wa malaria ni pamoja na matumizi ya chandarua kilichotiwa dawa (ITN), kutafuta matunzo ya homa, kuhudhuria kliniki za huduma za ujauzito (ANC), matumizi ya matibabu ya kuzuia malaria katika ujauzito (IPTp), na kuzingatia miongozo ya kitaifa. Kuenea kwa tabia hizi miongoni mwa idadi ya watu iliyopewa kipaumbele hutofautiana, kama vile mambo ya kibinafsi, kijamii, na mambo ya kimuundo ambayo yanaathiri tabia hizi. Mnamo mwaka wa 2022, Mpango wa Malaria wa Rais wa Marekani (PMI) Kenya iliunga mkono utekelezaji waUtafiti wa Tabia ya Malaria (MBS) ili kuelewa vizuri kuenea kwa tabia hizi na mambo ambayo yanaathiri utendaji wa tabia hizi. Kwa mujibu wa MBS, mahasusi kwa matumizi ya ITN, karibu theluthi moja (31%) ya ITNs zilizopo katika kaya hazikutumiwa usiku uliotangulia utafiti, na ni asilimia 80 tu ya watu binafsi katika kaya zilizokuwa na uwezo wa kutosha wa kutumia ITNs (ITN moja kwa watu wawili) walitumia. Mahususi kwa wale wanaotafuta huduma ya homa, kulingana na MBS, kati ya walezi, asilimia 33 waliripoti kuwa mtoto chini ya umri wa miaka mitano alikuwa na homa katika wiki mbili kabla ya uchunguzi na asilimia 50 ya watoto chini ya umri wa miaka mitano waliokuwa na homa walipokea huduma ya haraka na inayofaa. Mahususi kwa mahudhurio ya ANC na IPTp, kwa mujibu wa MBS, miongoni mwa wanawake waliojifungua hai katika miaka miwili iliyotangulia uchunguzi huo, asilimia 82 waliripoti kuhudhuria angalau ziara nne za ANC na asilimia 13 angalau ziara nane za ANC. Miongoni mwa wanawake hawa, matumizi ya IPTp yalianzia asilimia 87 kwa kipimo cha kwanza hadi asilimia 48 kwa kipimo cha tatu.

Upangaji Uzazi na Afya ya Uzazi

Nchini Kenya, kiwango cha kuenea kwa Matumizi ya Upangaji Uzazi wa Kisasa (mCPR), kimeongezeka kwa kasi kutoka asilimia 39 mwaka wa 2008-09 hadi asilimia 57 mwaka wa 2022. Hata hivyo, mahitaji yasiyotimizwa ya njia za kisasa za upangaji uzazi na viwango vya ujauzito wa vijana vimesalia kuwa juu ya asilimia 14 na asilimia 15, mtawalia, na yenye alama tofauti za kijiografia. Ingawa karibu wanawake na wanaume wote (99%) wanaripoti ujuzi kuhusu mbinu za upangaji uzazi wa kisasa, hii haijatafsiriwa katika viwango vya juu vya kuenea kwa upangaji uzazi, hasa miongoni mwa vijana na idadi ya watu waliotengwa, kwani upungufu unaendelea kubaki katika ufanisi wa mtu binafsi na kanuni chanya za kijamii zinazofaa kutumia upangaji uzazi (FP), kujadili ngono salama, na kupunguza unyanyasaji wa mpenzi wa karibu. Matumizi ya upangaji uzazi na huduma za afya za uzazi huathiriwa na masuala mbalimbali ikiwa ni pamoja na imani na desturi za kijamii na utamaduni, kanuni za kijinsia (ikiwa ni pamoja na maamuzi ya ndani ya kaya), ujuzi na mitazamo, na upatikanaji wa huduma. Afua za upande wa ugavi hazitoshi pekee kuboresha kikamilifu afya ya ukanda wa uzazi ya Kenya katika kiwango cha mtu binafsi au idadi ya watu. Uboreshaji wa upangaji uzazi na afya ya uzazi nchini Kenya inahitaji uingiliaji/ mikakati dhabiti ya SBC inayosaidia kushughulikia ukosefu wa usawa wa kijinsia, kanuni hatari za kijinsia, unyanyasaji wa wapenzi wa karibu na kijinsia, na kuunda mazingira ya kuwezesha upangaji uzazi na uendelezaji wa afya ya uzazi, mahitaji na matumizi.

Afya ya mama, afya ya mtoto aliyezaliwa na Afya ya mtoto

Nchi ya Kenya imefanya hatua kubwa katika viashiria vya afya ya mama, mtoto mchanga na mtoto (MNCH). Uchunguzi wa Afya ya Idadi ya Watu Nchini Kenya (KDHS 2020) ulionyesha ongezeko kubwa la watoto wanaozaliwa wakiwa hai wakisaidiwa na watoa huduma wenye ujuzi, kutoka asilimia 41 mwaka wa 2003 hadi asilimia 89 mwaka wa 2022, kiwango cha chanjo kwa antijeni za kimsingi kiliongezeka polepole kutoka asilimia 77 mwaka 2008/2009 hadi asilimia 80 mwaka wa 2022, viwango vya udumavu vilipungua kutoka asilimia 26 hadi asilimia 18 kati ya mwaka wa 2014 na 2022. Vifo vya watoto chini ya miaka 5 vilipungua kutoka vifo 115 kwa kila vizazi hai 1000 mwaka wa 2003 hadi vifo 41 kwa kila vizazi 1000 mwaka wa 2022. Hata hivyo, kuna tofauti kubwa sana inayoangazia kukosekana kwa usawa kutokana na mambo ya kifedha, kijografia, kielimu, kijamii na kitamaduni. Uwiano wa vifo vya uzazi na viwango vya vifo vya watoto wachanga pia vimedorora. Utunzaji usio na heshima na ucheleweshaji wa kupata huduma ni mchangiaji mkubwa wa magonjwa na vifo vya MNCH. Shirika la Afya Duniani (WHO) linabainisha jinsia kama kipengele muhimu cha afya. Ukosefu wa usawa wa jinsia mara nyingi husababisha hatari za afya kwa wanawake na wasichana, na kushughulikia usawa huu unasababisha ufahamu bora wa jinsi uhusiano usio sawa wa nguvu unavyochangia tabia mbaya za kutafuta afya na matokeo mabaya ya kiafya.

Kanuni za kitamaduni zinazuia watoto, wanawake, na wasichana kupata huduma. Ripoti ya uchambuzi wa kijinsia na shughuli za shirika la USAID Afya Halisi (Afya Halisi) ilifichua dhana kwamba wanaume walikua na kiwango fulani cha udhibiti wa miili ya wake zao hasa wakati mahari imelipwa. Maana yake ni kwamba wanawake hawakutarajiwa kulalamika-hata wakiwa wagonjwa. Walitarajiwa kufanya jitihada za

ziada za kutumikia nyumbani na kutimiza wajibu wao daima kama wake na mama. Uamuzi mdogo wa wanawake na ufikiaji unaodhibitiwa wa rasilimali huchangia kutokuwa na uwezo wa kupata huduma kwa ajili yao wenyewe na watoto wao. Kuna haja ya kushirikisha wanaume na wanawake na kutambua njia za kuongeza ushawishi wa wanawake juu ya uamuzi kuhusu afya zao. Mwanzo wa ngono ya mapema miongoni mwa vijana huongeza hatari ya maambukizi ya magonjwa ya zinaa na ujauzito wa mapema, ambayo inahusishwa na kuacha shule na kupungua kwa fursa za kiuchumi na rasilimali. Mimba za ujana huongeza hatari ya vifo vya uzazi na virusi ikiwa ni pamoja na matatizo ya uavyaji mimba usio salama, leba ya muda mrefu, kuzaa na kipindi cha baada ya kuzaa (lishe ya mama na mtoto).

Kwa upande wa vifo vya watoto chini ya miaka mitano, nimonia inachangia kwa asilimia 16 ya vifo vyote vya watoto na ni muuaji wa pili mkubwa wa watoto chini ya miaka mitano. Viwango vya kutafuta huduma za afya kwa maambukizi ya kupumua kwa kasi ni asilimia 67 nchini Kenya, ambayo ni chini ya asilimia 90 inayopendekezwa ulimwenguni. Kuna mambo mbalimbali yanayoathiri tabia ya kutafuta afya ikiwa ni pamoja na upatikanaji wa habari na huduma, imani za kijamii na utamaduni, miongoni mwa mambo mengine. Kwa upande wa chanjo ya utotoni, mahitaji ya vizuizi vya chanjo ni pamoja na ukosefu wa ujuzi wa wazazi kuhusu chanjo za utotoni, hofu kuhusu usalama wa chanjo, kusitasita kwa chanjo, na ukosefu wa usafiri. Walezi hawawezi kutambua tishio la ugonjwa unaozuilika kwa chanjo au chanjo salama na yenye ufanisi zinapatikana dhidi ya magonjwa haya.

Kuhusiana na Sepsisi, Maambukizi Yanayohusiana na huduma ya afya (HAI) kwa Watoto Wachanga yanahusishwa na kuongezeka kwa magonjwa, vifo, kukaa kwa muda mrefu hospitali, na gharama. Rasilimali zinapokuwa chache, kushughulikia HAI kwa njia ya kuzuia na kudhibiti maambukizi (IPC) inahitaji hatua za kipaumbele ili kuongeza athari. Kwa mujibu wa Sera ya Kitaifa ya Kenya ya Kuzuia na Kudhibiti Maambukizi kwa Huduma za Afya (2021), kamati zinazofanya kazi ya IPC na timu za kuboresha ubora / kazi katika ngazi ya kituo zinahitaji mbinu ya mabadiliko ya tabia inayozingatia wahudumu wa afya (HCWs) ili kuendelea kuboresha matokeo ya afya ya uzazi, mtoto mchnga na mtoto.

Usafi Wa Maji na Elimu ya Usafi (WASH) na Udhibiti wa usafi wa hedhi (MHM)

Nchi ya Kenya imeonyesha maboresho katika viwango vyake vya upatikanaji wa WASH katika miaka ya hivi karibuni, na huduma za maji zinazoongezeka kwa kasi zaidi kuliko usafi wa mazingira. Kulingana na data ya mwaka wa 2019 kutoka Ofisi ya Taifa ya Takwimu ya Keya (KNBS), viwango vya kitaifa vya kujisaidia haja kubwa kwa uwazi vilipungua kutoka asilimia 13.6 mwaka wa 2009 hadi asilimia 7.4 mwaka wa 2019, wakati viwango vya maji ya juu kama chanzo cha kunywa vikipungua kutoka asilimia 26.7 mwaka 2009 hadi asilimia 24.1 mwaka wa 2019 (KNBS, mwaka wa 2009 na 2019). Mpango wa Pamoja wa ufuatiliaji wa UNICEF na WHO wa mwaka wa 2020 (JMP) unaripoti kuwa asilimia 61 ya Wakenya sasa wanapata huduma za msingi za maji, asilimia 32 wanapata huduma za usafi wa mazingira na asilimia 26 wanapata huduma za Kimsingi wa usafi. Kuna ukosefu wa usawa kati ya wakaazi wa vijijini na mijnii ambao

unachangiwazaidi na ukosefu wa usawa wa kijinsia. Wanawake wa umri wa uzazi, (kutoka umri wa miaka 15 hadi 49) wana uwezekano mkubwa wa kuathirika zaidi kwani ni lazima wadhibiti vipindi vya hedhi, na hivyo wana mahitaji maalum ya WASH. Katika miktadha mingi ya kijamii na kitamaduni, hedhi kuhusishwa na mfadhaiko, aibu na miiko ambayo huathiri vibaya na kuimarisha ukosefu wa usawa wa kijinsia na kutengwa kwa jamii. Kila mwezi, wanawake na wasichana wanahitaji upatikanaji wa vifaa vya hedhi ili kudhibiti kutokwa na damu, vifaa vya kibinafsi vya kubadilisha vifaa vya hedhi, vifaa vya kuoga, maji safi, karatasi ya choo na\ ama sabuni na maji ya kunawa na kujikausha, na kuloweka, kunawa, kukausha na\ ama kutupa vifaa vilivyotumika.

Mgawanyiko wa upatikanaji kati ya maeneo ya mijini na vijijini ni muhimu sana katika eneo la usafi wa mazingira. Katika maeneo ya mijini, asilimia 57 na asilimia 29 ya Wakenya wanapata huduma za maji zinazosimamiwa kwa usalama na huduma za msingi za maji, mtawalia, na asilimia 51 ya Wakenya katika maeneo ya vijijini wana angalau huduma za kimsingi za maji. Kiwango cha upatikanaji wa angalau huduma za msingi za usafi wa mazingira ni asilimia 35 katika maeneo ya mijini, na katika maeneo ya vijijini, kiwango cha upatikanaji ni asilimia mbili ndogo (2%). Data ya JMP haijumuishi makazi yasiyo rasmi.

Virusi vya UKIMWI

Katika ngazi ya kitaifa, nchi ya Kenya inakaribia karibu kufikia malengo ya mwaka wa 2030 ya UNAIDS 95-95-95. Hata hivyo, ukosefu wa usawa kati ya watu mbalimbali unaendelea. Kwa mfano, miongoni mwa watoto wanaoishi na Ukimwi (CLHIV), inakadiriwa kuwa asilimia 74 wanajua hali zao ambapo ni asilimia 74 tu wanaopata matibabu yenye ukandamizaji wa virusi kwa asilimia 64. Kukatizwa kwa juu kwa matibabu (IIT) na ukandamizaji mdogo wa virusi miongoni mwa sehemu fulani na katika baadhi ya Kaunti zinapendekeza changamoto za ufuasi. .Hasa, viwango vya IIT ni karibu mara mbili kati ya vijana (AYP) kama kati ya idadi ya kizazi. Kiwango cha IIT ni cha juu zaidi kati ya wanaume wenye umri wa miaka 20-39 (Chanzo: Data ya Mpango wa Dharura wa Rais wa misaada ya virusi vya UKIMWI (PEPFAR)). Kuziba mapengo haya na ukosefu wa usawa kutahitaji hatua za SBC inayolengwa na afua bunifu za sayansi ya tabia ili "kusogeza sindano" kuelekea udhibiti wa janga na kukamilisha afua za kimuundo kama vile utoaji wa huduma tofauti. Kama mojawapo ya nchi kumi na mbili za kwanza kujiunga na Umoja wa Kimataifa ili kukomesha UKIMWI kwa watoto ifikapo mwaka wa 2030, Kenya imeunda ramani ya nchi ili kuzingatia afua kwa wanawake wajawazito na wanaonyonyesha (PLW), watoto, na vijana. Licha ya kupungua kwa jumla ya maambukizi mapya ya UKIMWI nchini Kenya, nchi inaendelea kuwa na viwango vya juu vya matukio ya UKIMWI miongoni mwa baadhi ya watu na katika baadhi ya maeneo ya kijiografia. Idadi ya watu walioathiriwa zaidi ni pamoja na wafanyakazi wa ngono wa kike (FSWs) na kiwango cha maambukizi kinakadiriwa kuwa asilimia 27 na wanaume wanaofanya ngono na wanaume (MSM) na maambukizi yanayokadiriwa kuwa asilimia 28. Watu hawa wanakabiliwa na unyanyapaa na unyanyasaji wa kijinsia. Uchambuzi wa usambazaji wa maambukizi mapya ulionyesha kuwa maambukizi mapya zaidi katika mwaka wa 2021 yalikuwa miongoni mwa wanawake ikilinganishwa na wanaume.

Kifua Kikuu

Kenya imefanya maendeleo makubwa katika kupunguza matukio ya kifua kikuu (TB) kwa kuongeza idadi ya visa vinavyogunduliwa na kupunguza TB kwa miaka mingi. Licha ya mafanikio haya, nchi haijaweza kuwapima watu wote wenye TB; Asilimia 32 ya matukio ya TB yalikosekana mwaka wa 2022. Pengo hili ni kubwa zaidi miongoni mwa watu muhimu na walio katika mazingira magumu wakiwemo watu wanaoishi na UKIMWI, watoto chini ya miaka 15 na wale walio na kifua kikuu sugu. Pengo la Chanjo la Matibabu pia liko juu huku nusu tu ya wale wanaostahili kupata matibabu ilifikiwa mwaka wa 2022. Kulingana na utafiti wa maambukizi ya mwaka wa 2016, watu wengi walioathiriwa na TB ni pamoja na wanaume wa umri wa uzalishaji; Miaka 25-34 na wanawake wenye umri zaidi ya miaka 65. Makundi mengine yaliyo hatarini kwa TB ni pamoja na wafanyakazi wa huduma za afya na watu katika mazingira ya mkusanyiko kama wafungwa na wakimbizi. Mikakati ya SBC ya TB itakuza tabia ifaayo ya kutafuta afya na upatikanaji wa huduma bora. Haya ni manufaa katika kuongezeka kwa ugunduzi wa kesi za TB miongoni mwa watu walioathirika, kuboresha huduma ya matibabu na kuimarisha ubora wa huduma kwa matokeo mazuri. Hatimaye, hii itasababisha kupunguza matukio ya TB na magonjwa na vifo vinavyohusiana na TB.

Usalama wa Afya Ulimwenguni

Usalama wa Afya Ulimwenguni (GHS) unalenga afya ya binadamu na wanyama na mazingira na uhusiano wao. Mikakati ya SBC nchini Kenya imetumiwa kuchangia katika kuzuia, kupunguza hatari na kukabiliana na hatari kwa kuimarisha mawasiliano ya hatari na ushirikiano wa jamii (RCCE). Vipengele hivi vimeonyeshwa kuwa muhimu ili kukabiliana na vipengele vya kitabia na kijamii vya hatari za kiafya ambazo hutangulia na kufuata dharura ya kiafya. Ili kudumisha mafanikio yaliyopatikana wakati wa kukabiliana na COVID-19 na kushughulikia mapengo yanayoendelea, mbinu za SBC zinapaswa kuunganishwa katika ajenda ya kujitayarisha na kukabiliana tangu mwanzo. Mkakati na Mpango wa utekelezaji wa RCCE ulioratibiwa vyema, kwa wakati unaofaa na wa kimkakati unaweza kudhibiti matarajio ya watu wakati wa dharura na kusaidia juhudi za kukabiliana. Jamii zilizoathiriwa zinahitajika kushughulikiwa, wasiwasi wao ueleweke na kushughulikiwa, na kutoa usaidizi unaofaa kufanya mabadiliko yanayohitajika. Aidha, eneo la kipaumbele ni kupunguza upinzani wa viuavijidudu (AMR) na kuboresha udhibiti wa kuzuia maambukizi (IPC), hivyo kuinua zaidi umuhimu wa kuwalenga watoa huduma (wa wanyama na watu) ndani ya GHS.

B. Shughuli za Afya hadi sasa za SBC za shirika la USAID / KEA

Shirika la USAID / KEA kwa muda mrefu imekua ikisaidia utekelezaji wa shughuli za SBC, kupitia mifumo iliyojitegemea ya SBC na mifumo iliyojumuishwa ya SBC na utoaji wa huduma. Mbinu za zamani na za sasa za Shirika la USAID / KEA zilizoungwa mkono za SBC ni pamoja na:Shirika la Wote,Hatua ya Mafanikio, na Shughuli ya Mawasiliano ya Afya na Uuzaji (HCM) . Nyaraka zinazohusiana na njia hizi za zamani na za sasa zinaweza kupatikana kwenye Jumba la Usaidizi la Maendeleola Shirika la USAID (DEC).

SBC iliyojumuishwa ya sasa na utaratibu wa utoaji wa huduma ni pamoja na:

- Malaria: PMI Kinga
- FP na MNCH: Stawisha Pwani, Upeo / DuniaMisaada, Nuru Ya Mtoto,Tumikia Mtoto, Jamii Tekelezi, USAID 4 Mtoto,
- WASH: Tujenge Jamii, Fahari Ya Jamii, boresha Jamii
- Lishe: Boresha Jamii, AMPATH Uzima, Stawisha Pwani, tujenge Jamii, imarisha Jamii
- UKIMWI: Imarisha Jamii, Fahari Ya Jamii, Tujenge Jamii, Stawisha Pwani, dumisha Afya, AMPATH Uzima, Imarisha Jamii, Tujitegemee
- TB: TB ARC II
- GHS: Ushirikiano wa Kikundi cha CORE Polio (GGPP), Maandalizi ya Janga la Jamii na Gonjwa (CP3), Mikakati ya Mabadiliko ya Kupunguza Hatari ya Pato la Shamba (TRANSFORM), na Usaidizi wa Misheni kwa Safari ya Kujitegemea (MSP).

C. Muktadha wa SBC nchini Kenya

Katika Wizara, shughuli zinazohusiana na SBC ziko ndani ya Usimamizi wa Afya na Kukuza Afya (DHPE), sehemu ya Idara ya Jimbo la Afya ya Umma na Viwango vya Kitaalamu. DHPE inalenga kuimarisha mawasiliano ya kitaifa na utetezi wa afya na kuwawezesha jamii kwa kukabiliana na vigezo vya afya, kuhimiza mabadiliko chanya, na kuboresha ustawi wa jumla. DHPE ina vitengo viwili: kitengo cha Taarifa za Afya, Elimu, na Mawasiliano (IEC) na kitengo cha Ukuzaji na Utetezi wa Afya. Urekebishaji pia ulijumuisha kuundwa kwa sehemu tano: sera, kuimarisha uwezo, ufuatiliaji na tathmini, ukuzaji nyenzo za IEC, na utetezi. Ndani ya sehemu hizi, DHPE imeainisha vipaumbele vifuatavyo:

- **Sera:** Kukamilisha mkakati wa kukuza afya, kukamilisha mkakati wa kukuza afya ya kitaifa uliorekebishwa, na kukamilisha maendeleo ya miongozo ya mawasiliano ya afya na miongozo ya RCCE.
- **Kuimarisha Uwezo:** Kuendeleza tabia ya mafunzo ya mawasiliano ya mabadiliko, taratibu za RCCE, na mtaala wa mafunzo ya kubuni wa kibinadamu.
- **Ufuatiliaji, Kutathmini na Kujifunza:** Kuendeleza chombo kilichowekwa kwa ajili ya utekelezaji wa shughuli za ufuatiliaji, kuendeleza mfumo wa utekelezaji wa shughuli za ufuatiliaji, na kutekeleza mbinu za ufuatiliaji.
- **Ukuzaji Nyenzo za IEC:** Kukamilisha maendeleo ya miundo ya maendeleo ya vifaa vya IEC, kuendeleza mfumo wa mtandaoni wa kuhifadhi na kubadilishana vifaa.
- **Utetezi:** Kumaliza maendeleo ya miongozo ya utetezi.

Kutokana na ukosefu wa rasilimali za kifedha na za binadamu, uwezo wa DHPE wa kuratibu shughuli za SBC katika MOH ni mdogo. Programu za eneo la afya ya mtu binafsi ndani ya MOH zina rasilimali zaidi za kifedha na za binadamu kwa ajili ya kubuni, kutekeleza, kufuatilia, na kuratibu shughuli za SBC, hasa mipango ya eneo la afya inayoungwa mkono na Ufadhili wa Kimataifa.

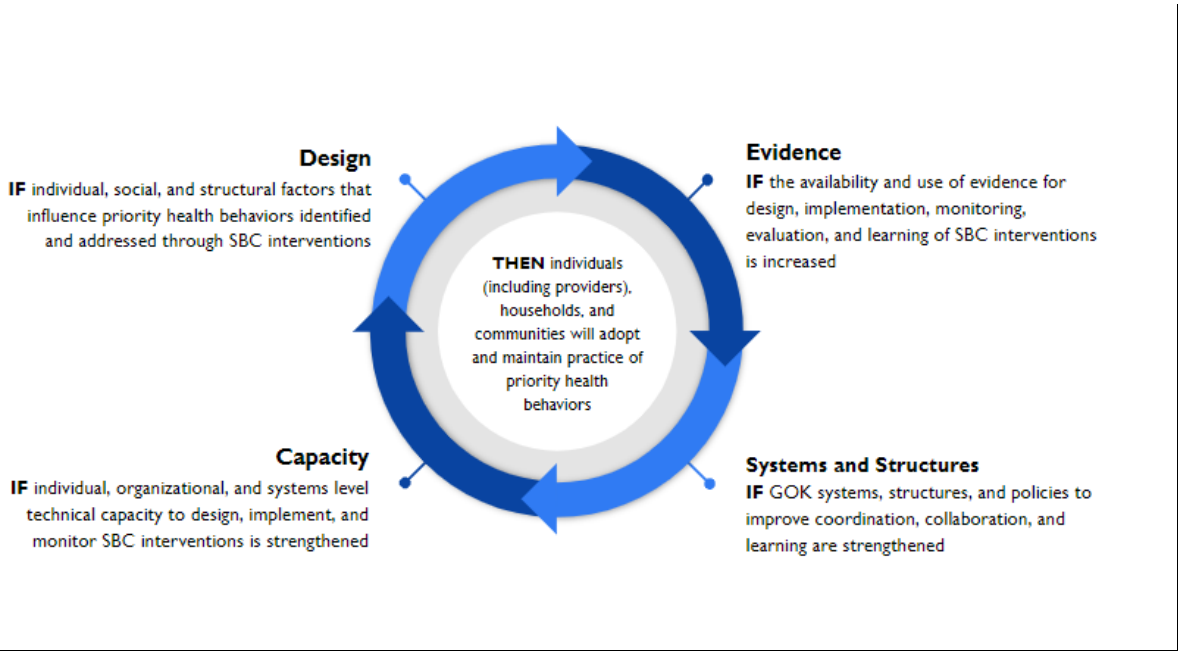
D. Changamoto za Utayarishaji wa SBC

Licha ya miongo kadhaa ya uwekezaji katika SBC katika maeneo ya afya, maendeleo yamekwama. Changamoto za kiprogramu ambazo huenda zimeathiri maendeleo ni pamoja na utekelezaji uliowekwa pembeni (yaani, Utoaji wa huduma na shughuli za SBC mara nyingi hutekelezwa pamoja bila ushirikiano wa maana, uratibu mdogo au kutowepo kwa uratibu ndani ya Shirika la USAID au MOH), ukosefu wa ufahamu au kutoelewa kwa muktadha (yaani, uwiano wa ukubwa mmoja inatumika kutoka jumuiya hadi jumuiya bila kuzingatia vipengele vya mtu binafsi, kijamii na kimuundo vinavyoathiri tabia za afya), na ubunifu mdogo (yaani, kuendelea kwa utekelezaji wa afua zilezile za mawasiliano kama vile mawasiliano ya afya na ukuzaji wa afya unaozingatia afya ndicho kichocheo kikuu cha mabadiliko ya tabia badala ya utekelezaji wa shughuli zinazotegemea ushahidi zinazoshughulikia anuwai ya vipengele vya tabia binafsi, kijamii na kimuundo)

III. MALENGO NA MATOKEO YALIYOTARAJIWA

A. Nadharia ya mabadiliko

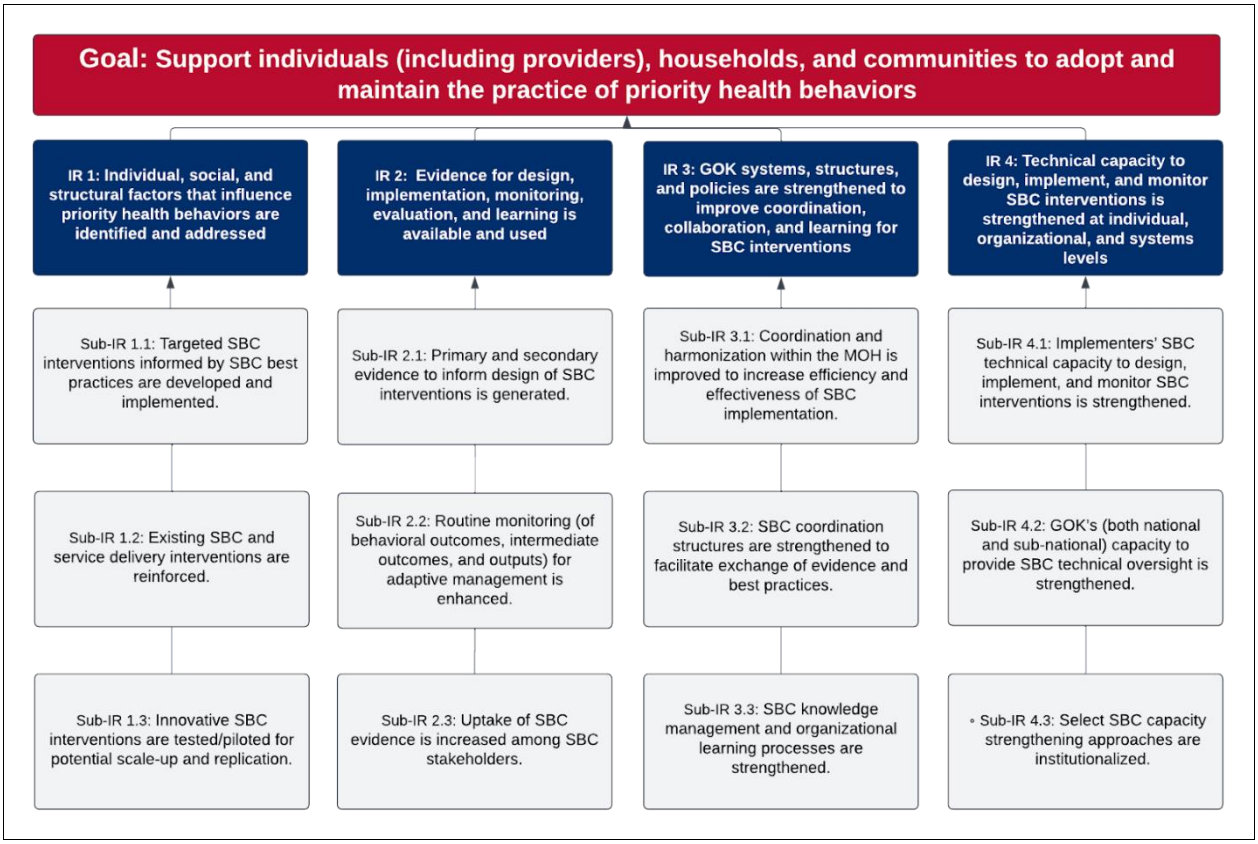
Kama ilivyoonyeshwa kwenye Kielelezo cha 1 hapa chini, nadharia ya mabadiliko ya shughuli hiyo ni **KAMA** sababu za kibinafsi, kijamii, na kimuundo ambazo huathiri tabia za afya za kipaumbele zinajulikana na kushughulikiwa kupitia hatua za SBC, **KAMA** upatikanaji na matumizi ya ushahidi wa kubuni, utekelezaji, ufuatiliaji, tathmini, na kujifunza kwa hatua za SBC imeongezeka na **KAMA** mifumo ya GOK, miundo, na sera za kuboresha uratibu, ushirikiano, na kujifunza huimarishwa na **KAMA** uwezo wa kibinafsi, shirika, na mifumo ya kiufundi uwezo wa kubuni, kutekeleza, na kufuatilia hatua za SBC inaimarishwa **BASI** watu (ikiwa ni pamoja na watoa huduma), kaya, na jamii watakubali na kudumisha desturi ya tabia za kipaumbele za afya.



Mchoro 1: Shirika la USAID / KEA Shughuli ya SBC Nadharia ya Mabadiliko

B. Mfumo wa Matokeo

Kama inavyoonekana katika Kielelezo cha 2 chini, lengo la shughuli ni kama ifuatavyo:



Ili kufikia lengo, IRs, na IRs ndogo zilizoainishwa katika mfumo wa matokeo hapo juu, shughuli itatumia mbinu bora za SBC zenye taarifa za nadharia, kulingana na ushahidi pamoja na uchukuaji wa ushahidi, usimamizi wa maarifa, kuimarisha uwezo, na mbinu bora za kuimarisha mfumo. Shughuli zote zinazoungwa mkono na shughuli zinapaswa kutafakari hali ya sasa ya SBC nchini Kenya pamoja na vipaumbele vya GOK na Shirika la USAID / KEA.

IV. UHUSIANO WA USG NA VIPAUMBELE VYA GOK

A. Uwiano na vipaumbele vya USG

Shughuli hiyo imeshikamana na CDCS ya Shirika la USAID / KEA mwaka wa 2020-2025. CDCS inawaweka raia wa Kenya katika kiti cha udereva wa maendeleo yao wenyewe wakiwa na lengo kuu la miaka mitano kwamba sekta ya kibinfsi ya Kenya yenye ushindani, jumuiya zinazostahimili udhabiti namashirika ya kiraia, na sekta ya umma ya msimu wa raia bora kushirikiana ili kuboresha ustawi na ukuaji wa umoja ambao unakuza uendelevu. Shughuli inalingana na lengo la 1 la Maendeleo ya CDCS ambalo linalenga kuboresha mifumo muhimu kama vile afya, utawala, na masoko; na Lengo la 2

la Maendeleo, ambalo linalenga kuimarisha ustahimilivu wa watu walio na mazingira magumu. Vile vile, kwa kushughulikia mambo mahususi ya ndani, kijamii, na kimuundo ambayo yanaathiri matokeo ya afya, shughuli hiyo itachangia matumizi ya huduma za afya, kuboresha tabia ya kutafuta afya, kuimarisha miundo ya uratibu wa wadau, na kuimarisha huduma za afya za jamii ambazo ni miongoni mwa matokeo yaliyotajwa katika Hati ya Usanifu ya Mradi wa Kuimarisha Mifumo ya Afya ya Shirika la USAID / KEA Kenya.

Shughuli hiyo pia inawiana na Mkakati wa Rais wa Marekani wa Mpango wa Malaria.*Kukomesha Malaria Haraka*; Mkakati wa PEPFAR,*Kutimiza ahadi ya Marekani kukomesha janga la UKIMWI mwaka wa 2030*;*Mkakati wa Kigezo cha Kimataifa cha Shirika la USAID 2023-2030*; na Athari ya Msingi. Shughuli hiyo inahusiana na vipaumbele vya shirika la USAID katika Upangaji uzazina GHS. Shughuli inapaswa kuzingatia uongozi ulioainishwa katika Mwongozo wa kiufundi wa PMI. Shughuli hiyo inawiana na Sera ya Usawa wa Jinsia na Uwezeshaji wa Wanawake wa mwaka wa 2023(Sera ya Jinsia).

B. Uwiano na vipaumbele vya GOK

Shughuli hiyo inahusiana na na inachangia mkakati na hati zifutazo za mwongozo wa GOK: Mpango wa Mkakati wa Sekta ya Afya ya Kenya 2018-2023; Mfumo wa Sera ya Afya ya Kenya 2012-2030; Mkakati wa Kukuza Afya ya MOH 2023-2028; Mfumo wa Mkakati wa UKIMWI wa II mwaka wa 2020 / 2021-2024 / 2025; Mfumo wa Mkakati wa UKIMWI wa Kenya II mwaka wa 2020 / 2021-2024 / 2025 Mkakati wa Mawasiliano; Mkakati wa Ufuatiliaji wa UKUMWI na magonjwa ya zinaa mwaka wa 2020-2024; Mkakati wa kupima madawa ya UKIMWI mwaka wa 2020-2024; Mwongozo wa mapinduzi ya kuzuia UKIMWI nchini Kenya; Mpango wa Taifa wa Hatua ya Afya (NAPHS) mwaka wa 2019-2023; Mkakati wa Mabadiliko ya Kijamii na Tabia ya Kenya ya Malaria mwaka wa 2022-2027; Ripoti ya Utafiti wa Tabia ya Malaria ya Kenya mwaka wa 2022; na IHR / JEE Toleo la 3.0, sehemu R5.

Aidha, shughuli za SBC zinaunganishwa na DHPE na matokeo yake yaliyotarajiwa ndani ya miaka mitano ijayo. Hizi ni pamoja na uanzishaji wa sera za kukuza afya, kuongezeka kwa maarifa na kupitishwa kwa tabia nzuri, kuimarisha wadau na ushiriki wa jamii, mifumo ya ufuatiliaji bora, na kuongezeka kwa ufahamu wa vikundi vya afya. Athari inayotarajiwa inajumuisha mbinu za sekta mbalimbali katika afya, kupunguzwa kwa magonjwa, kuongezeka kwa mahitaji ya huduma za afya, kuzuia mamlaka ya kukabiliana na changamoto za afya, na kupunguza kukosekana kwa usawa wa afya kati ya watu tofauti. Jitihada hizi zinalenga kuwezesha jamii na kushughulikia changamoto za afya kwa njia kamili na ya usawa.

V. KANUNI ZA KUONGOZA

A. Kuunganisha

Kama ilivyoelezwa hapo awali, shirika la USAID / KEA inatarajia kuwa shughuli zitajumuisha ununuzi kutoka maeneo mengi ya afya, ikiwa ni pamoja na malaria, UKIMWI, upangaji uzazi na afya ya uzazi, MNCH, TB, na GHS. Pale ambapo inawezekana kwa kiasi kikubwa na kitaalam, shughuli hiyo inahimizwa kuchunguza kubuni na utekelezaji wa hatua za SBC zilizounganishwa. Ushirikiano wa SBC unaweza kufanyika kwa kugawanya idadi ya watu waliopewa kipaumbele na kwa kubuni hatua za SBC kulingana na hatua ya maisha (k.m., vijana na vijana wazima), kushughulikia vigezo vya pamoja vya tabia (k.m., kanuni za kijinsia), ama tabia za kuingilia (ziara za ANC) kwa njia ya kawaida ya mbinu za kawaida za ushirikiano wa SBC. Njia ya ziada ya ushirikiano inaweza kuwa kuunganisha uingiliaji kati wa SBC kwa tabia za afya ya kipaumbele katika sekta nyingine ikiwa ni pamoja na elimu au kilimo. Hata hivyo, pale ambapo haiwezekani kiuratibu ama kutekelezeka kiufundi, uingiliaji kati wa SBC unaolenga eneo moja la afya unakubalika.

B. Uratibu na Utoaji wa Huduma

SBC lazima iratibiwe na programu za utoaji huduma. Shughuli lazima ifanyie kazi kwa ushirikiano na shughuli za utoaji wa huduma za shirika la USAID na za GOK ambapo kuna mwingiliano wa kijiografia. Muundo wa Mzunguko wa huduma hutoa mfumo muhimu wa jukumu la SBC kabla, wakati na baada ya huduma kutolewa. Kama ilivyoelezwa hapo chini, ushirikiano wa shughuli na washirika wa utoaji huduma wanaoungwa mkono na shirika la USAID utategemea eneo la afya na eneo la kijiografia.

C. Mazoea Bora ya SBC

Shirika la USAID / KEA inakubali na inasisitiza juu ya matumizi ya mbinu iliyoarifiwa na nadharia na msingi wa ushahidi ili kubainisha hatua za SBC ambazo zinafaa zaidi kushughulikia mambo ya ndani, kijamii na kimuundo yaliyotambuliwa kupitia utafiti wa uundaji ambao huathiri tabia zinazosimamia mafanikio ya matokeo ya afya. Shughuli inapaswa kupanua zaidi mazoezi ya kawaida ya SBC, kama vile kukuza afya na mawasiliano, ili kuimarisha aina mbalimbali za mbinu. Hizi ni pamoja na muundo unaozingatia binadamu (HCD), ushiriki wa jamii, uchumi wa tabia, kukuza mabadiliko katika tabia ya watoa huduma, kudhibiti taarifa za data, kuwezesha usaidizi kati ya rika, na kutumia majukwaa ya vyombo vya habari vya dijitali. Mchakato wa kurudia kutumia ushirikiano na wanachama wa kundi lengwa na washikadau, ama, angalau, majaribio ya awali yanatarajiwa.

D. Ubia wa kimikakati, ushirikiano, na uratibu

Ingawa shughuli itafanya kazi na program zinazohusika za eneo la afya kwa shughuli fulani, shughuli inatarajiwa kufanya kazi moja kwa moja na HPD kufikia lengo na IRs ilivyoelezwa katika mfumo wa matokeo hapo juu.

Shirika la USAID limejitolea katika mbinu mbalimbali za kushirikiana, kujifunza, na kurekebisha (CLA) kwa maendeleo. Shughuli hiyo inapaswa kuanzisha ushirikiano na uratibu thabiti kati ya wanachama wa walengwa, jumuiya, serikali za kaunti, vyombo vya

sekta binafsi, mashirika ya jamii, mashirika ya imani, mashirika ya kiraia, MOH, na wizara zingine husika, shughuli nyingine zilizofadhiliwa na USG na washirika wengine wa maendeleo. Fursa za ushirikiano na uratibu ni pamoja na lakini sio tu kwa uundaji wa kuunganisha, kujiunga na mipango na usimamizi, ufuatiliaji wa pamoja, na usimamizi wa pamoja.

E. Kuongezeka kwa ushiriki wa sekta binafsi

Shughuli inapaswa, inapofaa, kushrikisha sekta binafsi katika kubuni na utekelezaji wa hatua za SBC. Ushirikiano wa sekta binafsi unaweza kujumuisha, kwa mfano, ushirikishaji wa vituo vya afya vya sekta binafsi au watoa huduma wa afya wa sekta binafsi katika afua, matumizi ya taasisi za sekta binafsi ili kupanua wigo wa hatua za SBC, au kuanzishwa kwa ushirikiano wa sekta ya umma ili kupunguza gharama, kuongeza ujuzi wa sekta binafsi, au kuongeza ufikiaji wa hatua za SBC.

VI. UPEO WA KIJIOGRAFIA

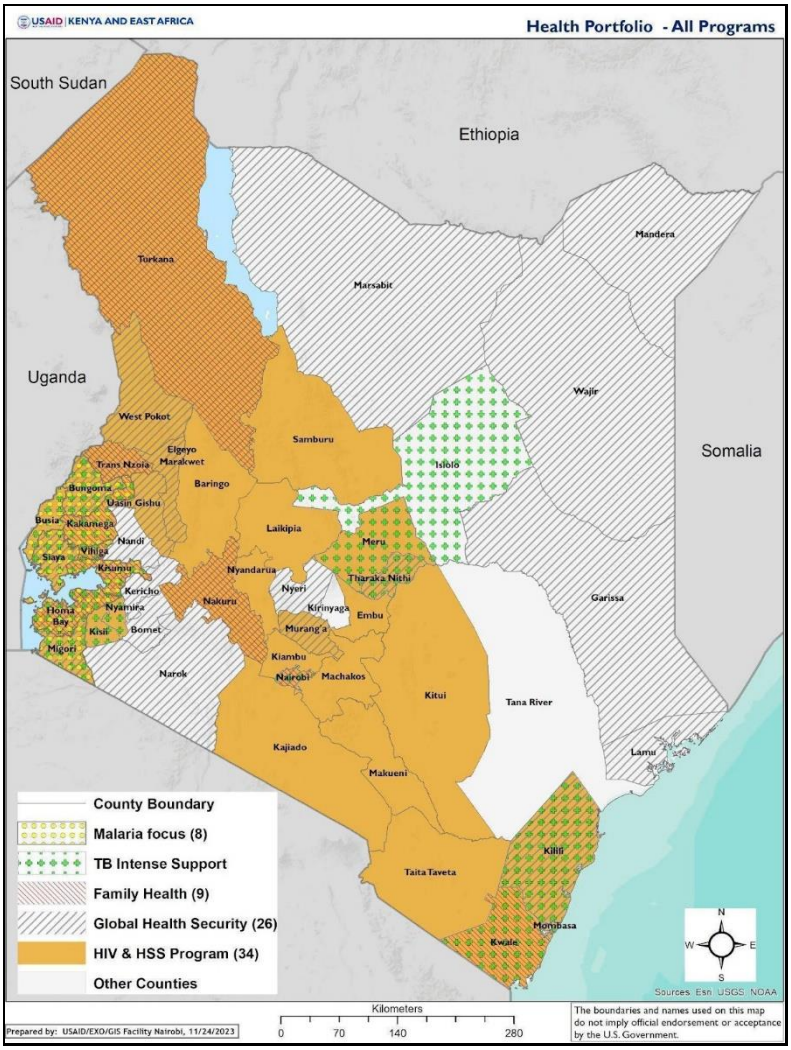
Shughuli hiyo itasaidia shughuli katika ngazi ya kitaifa na ngazi ndogo za kitaifa nchini Kenya. Katika ngazi ya kitaifa, shughuli itasaidia DHPE, pamoja na, ikiwa inatumika, programu za afya ama magonjwa. Kwa ujumla, shughuli hiyo itatekeleza shughuli zinazohusiana na IR 1 na IR 2 katika ngazi ya kitaifa na ngazi ndogo za kitaifa, na shughuli zinazohusiana na IR 3 na IR 4 katika ngazi ya kitaifa.

Shughuli hiyo itatimiza lengo lake na IRs kupitia njia mbili:

- Kwa baadhi ya maeneo ya afya, shughuli hiyo itatekeleza shughuli za SBC katika ngazi ndogo ya kitaifa pamoja na kwa kushirikiana na utaratibu wa utoaji wa huduma za shirka la USAID.
- Kwa maeneo mengine ya afya, shughuli hazitatekeleza shughuli za SBC katika ngazi ndogo-kitaifa lakini zitasaidia mifumo ya utoaji wa huduma za Shirika la USAID ili kubuni na kutekeleza shughuli za SBC.

Hivi sasa, Shirika la USAID / KEA inasaidia utekelezaji wa shughuli za malaria katika ngazi ya kitaifa na katika kaunti 8 zinazolengwa, kwa ajili ya upangaji uzazi na afya ya uzazi, watoto wachanga, na watoto katika ngazi ya kitaifa na katika kaunti 13 zinazolengwa, kwa usalama wa afya duniani kwa ngazi ya kitaifa na kaunti 26 zinazolengwa, kwa UKIMWI katika ngazi ya kitaifa na katika kaunti 34 zinazolengwa (kaunti 7 zinazolenga DREAMS na kaunti 25 zinazolenga OVCs) kwa ajili ya TB katika kaunti 16 zinazolengwa. Maeneo ya kijiografia ya shughuli hizi yanaweza kubadilika kulingana na upatikanaji wa ufadhili na epidemiolojia. Shughuli hiyo inatarajiwa kusaidia shughuli za SBC za Malaria katika ngazi ya kitaifa na katika kaunti zote 8 zinzazolengwa, upangaji uzazi na shughuli za afya ya mama, watoto wachanga na watoto katika ngazi ya kitaifa na katika kaunti zote 13 zinazozingatiwa, shughuli za SBC za usalama wa afya ya kimataifa katika ngazi ya kitaifa na katika kitengo kidogo cha kaunti zinazolengwa ili kuamua kupitia mapato ya hatari ya janga, shughuli za UKIMWI za SBC katika ngazi ya kitaifa na katika kitengo kidogo cha kaunti zinazozingatia mahitaji maalum ya idadi ya

watu, na shughuli za TB za SBC katika kiwango cha kitaifa na katika kaunti 16 zinazolengwa.



Mchoro wa 3: Ramani ya wilaya za Shirika la USAID / KEA kwa eneo la afya.

VII. KUHUSISHWA KWA JINSIA, VIJANA NA KIJAMII

Vipengele vya kimuundo, kijamii, na vya kibinafsi vinaweza kuleta vikwazo na fursa zinazoendesha au kushawishi tabia. Kutambua tabia, kuelewa vikwazo na fursa, na kuendeleza hatua zote zinahitaji ufahamu maalum wa mahitaji, na kanuni za kubadilisha ujuzi, mitazamo, imani, na mazoea. Shughuli hiyo itajenga juu ya mapendekezo yaliyotolewa katika uchambuzi wa kijinsia wa Shirika la USAID Kenya. Baadhi ya matokeo muhimu yalifichua kuwa kanuni za kijinsia zinazoathiri matumizi ya upangaji uzazi, ushawishi jinsi ya kujadili ngono salama na kuendeleza unyanyasaji wa karibu na uenezi wa aina nyingine za unyanyasaji wa kijinsia. Imani na utamaduni wa kijamii na kiuchumi, kanuni, ujuzi na mtazamo huzuia zaidi upatikanaji wa huduma kwa watoto, wanawake, na wasichana na kusababisha usambazaji tofauti na mzigo wa maambukizi mapya ya UKIMWI, TB na kesi za malaria. Uamuzi mdogo wa wanawake na udhibiti wa

rasilimali huchangia kutokuwa na uwezo wa kufikia na kutumia huduma za RMNCH kwa ajili yao na watoto wao. Kulingana na matokeo haya, Shirika la USAID / KEA pia itakamilisha uchambuzi wa kijinsia utakaofanywa na mwombaji aliyefanikiwa mwanzoni mwa utekelezaji na kutumia matokeo ya kuunganisha mapendekezo katika utekelezaji, M & E kama Uchunguzi wa Jinsia Unavyohitajika kama Inahitajika katika ADS 205 na 2023 Uwiano wa Jinsia na Sera ya Uwezeshaji wa Wanawake Ili kuwajulisha zaidi utekelezaji wa hatua za SBC zilizopangwa.
Mwombaji anatarajiwa kuonyesha kwamba anaelewa kikamilifu na kujiunga na sera ya kijinsia ya Shirika la USAID, kushughulikia mitazamo inayohusiana na jinsia, kanuni na tabia zinazoathiri uchaguzi wa afya na matokeo. Mwombaji anapaswa pia kuelezea jinsi miundo ya usimamizi, mifumo, na taratibu zitahakikisha kuwa hatua za SBC zilizopendekezwa zinaonekana katika ngazi zote ili kuhakikisha mabadiliko ya kawaida na ya kijamii. Tahadhari maalum inapaswa kuhakikisha kuwa mawasiliano juu ya mahitaji na matumizi ya huduma za afya na / au ujumbe kuhusu uwekaji wa faida hauimarishi kwa makusudi au bila kukusudia ama kuchukua fursa ya ukosefu wa usawa wa kijinsia na dhana potofu. Mahitaji na masuala ya idadi ya watu wasiofikiwa pia yatazingatiwa sana. Uchunguzi huu unatarajiwa kupiga ramani jinsi ya kufikia watu hawa muhimu na kuunganisha matokeo katika mipango ya kazi na afua.
Ikizingatiwa kuwa asilimia 80 ya wakazi wa Kenya wako chini ya umri wa miaka 35, ni muhimu kwa shughuli hio kukuza na kuunga mkono ushiriki wa vijana katika programu za afya. Ushiriki wa vijana ni muhimu kwa mabadiliko ya tabia katika afya. Kwa hiyo, mwombaji lazima aunganishe na kufuatilia mbinu za ubunifu za kushirikiana na vijana katika maeneo yote ya matokeo. Mbinu hizi hazipaswi tu kushughulikia changamoto zilizokabiliwa na vijana lakini pia zinahusisha na kusaidia vijana katika uamuzi, usimamizi, na majukumu ya uongozi ndani ya shughuli.

SBC ina jukumu muhimu katika ujumuishaji wa kijamii kwa kukuza tabia na mitazamo ambayo inakuza ushirikishaji na kukubalika ndani ya jamii. Maombi lazima yalenge kujenga jamii yenye usawa na ya pamoja ambayo inajumuisha, lakini sio tu, kupambana na ubaguzi kulingana na jinsia, rangi, ukabila, ulemavu, au mambo mengine, na kuwawezesha watu binafsi na jamii ili kupinga ubaguzi, kukuza huruma, na kukubaliana na tofauti. Shughuli hii itashiriki wadau katika viwango mbalimbali, ikiwa ni pamoja na mashirika ya serikali, mashirika ya kiraia, na jumuiya za mitaa.

[MWISHO WA SEHEMU A: MAELEZO YA PROGRAMU]

ANNEX 2 - STANDARD PROVISIONS

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**.** 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
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		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 IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (NOVEMBER 2020)
X		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
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 (JUNE 2012)
	X	RAA12. PATENT RIGHTS (JUNE 2012)
	X	RAA13. RESERVED
	X	RAA14. INVESTMENT PROMOTION (NOVEMBER 2003)
TBD		RAA 15. COST SHARE (JUNE 2012)
TBD		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)

Required	Not Required	Standard Provision
	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 2014)
	X	RAA29. RESERVED
	X	RAA30. RESERVED
X		RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

ANNEX 3 - ABBREVIATIONS AND ACRONYMS

ADS	Automated Directives System
AMELP	Activity Monitoring Evaluation and Learning Plan
AMR	Antimicrobial Resistance
ANC	Antenatal Care
AO	Agreement Officer
AOR	Agreement Officer Representative
APS	Annual Program Statement
ASA	Apparently Successful Applicant
AYP	Adolescents and Young People
AWP	Annual Work Plans
BSMP	Branding Strategy and Marketing Plan
CDCS	Country Development Cooperation Strategy
CFR	Code of Federal Regulation
CLA	Collaborating, Learning and Adapting
CLHIV	Children Living with HIV
CRM	Customer Relationship Management
DDL	Development Data Library
DEC	Development Experience Clearinghouse
DHPE	Directorate of Health Promotion and Education
DIS	Development Information System
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
EMMP	Environmental Mitigation and Monitoring Plan
FAA	Foreign Assistance Act

FP	Family Planning
GHS	Global Health Security
GIS	Geographic Information System
GOK	Government of Kenya
HAI	Healthcare-Associated Infections
HCD	Human-Centered Design
HCM	Health Communication and Marketing
HCWs	Health Care Workers
HIV	Human Immunodeficiency Virus
IEC	Information and Communication Education
IEE	Initial Environmental Examination
IIT	Interruptions in Treatment
IPC	Infection Prevention and Control
IPTP	Intermittent Preventive Treatment of Malaria In Pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
JMP	Joint Monitoring Programme
KDHS	Kenya Demographic Health Survey
KNBS	Kenya National Bureau of Statistics
LOE	Level Of Effort
MBS	Malaria Behavior Survey
MCPR	Modern Contraceptive Prevalence Rate
MEL	Monitoring, Evaluation and Learning
MHM	Menstrual Hygiene Management
MNCH	Maternal Newborn and Child Health

MOH	Ministry Of Health
MRC	Merit Review Committee
MSM	Men Who Have Sex with Men
NAPHS	Kenya National Action Plan for Health Security
NGOs	Non Governmental Organizations
NICRA	Negotiated Indirect Cost Rate Agreement
NOFO	Notice of Funding Opportunity
OAA	Office of Acquisition and Assistance
OFAC	Office of Foreign Assets Control
OVC	Orphans and Vulnerable Children
PEPFAR	President’s Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PLW	Pregnant and Lactating Women
PMI	U.S. President’s Malaria Initiative
PMP	Performance Management Plan
RCCE	Risk Communication and Community Engagement
RFA	Request for Application
RMNCH	Reproductive Maternal Neonatal Child Health
SAM	System for Award Management
SBC	Social and Behavior Change
SDN	Specially Designated Nationals
TB	Tuberculosis
TEAMS	Training and Exchanges Automated Management System
UEI	Unique Entity Identifier
UNAIDs	The Joint United Nations Programme on HIV/AIDS

USAID/KEA	United States Agency for international Development/ Kenya and East Africa
USG	United States Government
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

ANNEX 4 – INITIAL ENVIRONMENTAL EXAMINATION (IEE)

Attached to the www.Grants.Gov posting as:

Annex 4 – IEE-BEO Approved