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Issuance Date: December 13, 2024

Questions Deadline: January 8, 2025, 4:30 PM WAT

Submission Deadline: January 24, 2025, 4:30 PM WAT

Subject: Partnerships for Progress Annual Program Statement (APS) No. 72062024APS00001

Opportunity Title: USAID Nigeria Global Health Security Activities Notice of Funding Opportunity (NOFO) APS Addendum No: 72062025RFA00005

Dear Interested Parties/Respondents:

The United States Government, as represented by the U.S. Agency for International Development (USAID)/Nigeria seeks applicants to provide concepts for two (2) Global Health Security (GHS) activities that are focused on 1. *Global Health Security Coordination and Response* and 2. *Global Health Security Capacities Strengthening*.

Note that the Global Health Security Activities are distinct from each other. Interested Applicant(s) are encouraged to apply to either one, or both, of the GHS Activities as determined by an Applicant. If an Applicant chooses to apply to both GHS Activities, the applicant must submit two separate applications. Each application must be submitted separately by email to abujasolicitations@usaid.gov and must indicate the **specific activity title** in the subject line as follows:

ACTIVITY 1: "USAID Nigeria Global Health Security Coordination and Response Activity, APS Addendum No. 72062025RFA00005, [Applicant's Name] Concept Submission"

Or

ACTIVITY 2: USAID Nigeria Global Health Security Capacities Strengthening Activity, APS Addendum No. 72062025RFA00005, [Applicant's Name] Concept Submission"

Eligible parties interested in applying are encouraged to read each of the NOFOs activities separately and thoroughly to understand the type of program sought, application submission requirements and selection process.

Subject to the availability of funds, an award will be made to the responsible applicant(s) whose application(s) best meets the objectives of any of the above-mentioned funding opportunities and the selection criteria contained therein.

The NOFO and the assistance selection process contains two phases as follows:

- Phase I: Concept Submission with Oral Presentation for selected applicants
- Phase II: Full Application Submission

To be eligible for award, the application(s) must provide all information as required in the NOFO and meet eligibility standards of the NOFO. The funding opportunities are posted on www.grants.gov and may be amended. Interested applicants should regularly check the website to ensure they have the latest information pertaining to each NOFO.

It is the responsibility of the applicant to ensure that the entire NOFO has been received from the internet in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the APS, 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 (UEI) and System for Award Management (SAM)** requirements. The registration process may take several weeks or even months to complete. Therefore, Applicants are encouraged to begin registration as early in the process as possible. Proposed sub-awardees do not need full SAM registration, they need to only obtain a UEI. **Applicants need to be registered in SAM when submitting the full application, but they do not need to be registered in SAM when submitting the concept during Phase 1.**

Issuance of these Addendum does not constitute an award or commitment on the part of the U.S. Government to make an award, nor does it commit the U.S. Government to pay for costs incurred in the preparation and submission of the concept slide deck, oral presentation, or application(s). The actual number of assistance awards, if any, is subject to the availability of funds, as well as the viability of eventual full applications received.

Any questions concerning this NOFO must be submitted electronically to abujasolicitations@usaid.gov and masielue@usaid.gov, with a copy to cdinunzio@usaid.gov by the time indicated above.

Thank you for your interest in USAID programs.

Sincerely,

Marva Butler
Agreement Officer

**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
ANNOUNCEMENT CALL FOR CONCEPTS
USAID NIGERIA GLOBAL HEALTH SECURITY (GHS) ACTIVITIES
RFA NO. 72062025RFA00005**

UNDER EXISTING
USAID “Partnerships for Progress” Annual Program Statement (APS)
NO. 72062024APS00001

PLEASE NOTE: This is an addendum to an existing announcement (No. 72062024APS00001). All interested organizations should carefully review both this addendum AND the APS, which can be found [here](#). Important information contained in the full announcement is not necessarily repeated in this documentation.

This program is authorized in accordance with Part 1 of the Foreign Assistance Act of 1961, as amended.

Through this Addendum #72062025RFA00005 to the USAID “Partnerships for Progress” Annual Program Statement (APS) No. 720620APS00001, USAID/Nigeria is making a special call for the submission of concepts focused on the following activities and anticipates two (2) cooperative agreements, one for each Global Health Security activity area, with a period of performance of five years.

- **ACTIVITY 1:** GHS Coordination and Response: up to \$12,500,000
- **ACTIVITY 2:** GHS Capacities Strengthening: up to \$20,000,000

USAID reserves the right to award more awards *or* none *or* to change the amount of funding for any or all awards issued. All interested organizations are encouraged to carefully review both this addendum **AND** the full **APS**, which can be found at www.grants.gov.

I. INTRODUCTION

The United States Agency for International Development in Nigeria (USAID/Nigeria) is issuing this Notice of Funding Opportunity (NOFO) for potential local organizations to improve Nigeria’s capacity to prevent, detect, and respond to public health threats. These activities will support the Government of Nigeria’s (GON) Health Sector Renewal Investment Plan.

Alignment to Nigeria Health Priorities and Strategies:

The Health Sector Renewal Plan (HSRP) of the GoN, the strategic blueprints of the National Primary Health Care Development Agency (NPHCDA) and that of the National Centers for Disease Control and Prevention (NCDC) all prioritize health security as a strategic pillar and action area.

The new leadership of the GoN provides an opportunity to align with the Sector Wide Approach to Programming (SWAP) of the HSRP results framework; which puts GHS as a national priority.

Potential USAID/Nigeria implementing partners shall be guided by the GoNs National Action Plans for Health Security and real-time gaps in Emergency Preparedness, Readiness, and Response (EPRR). The progress in achieving these goals will be measured through internationally accepted metrics, WHO benchmarks for strengthening health emergency capacities, the International Health Regulations (IHR) Joint External Evaluation (JEE) tool and Nigeria's ability to achieve the 7-1-7 outbreak detection and response goals for major outbreaks.

ACTIVITY 1: USAID GLOBAL HEALTH SECURITY COORDINATION AND RESPONSE ACTIVITY

I. PURPOSE

Purpose: The USAID/Nigeria Global Health Security (GHS) Coordination and Response Activity aims to protect communities from epidemic prone diseases and other public health hazards and promote social and economic progress.

Approach: The GHS - Coordination and Response activity will focus on two (2) priority technical areas:

1. International Health Regulation (IHR) Coordination, National IHR Focal Point functions and advocacy (P3)
2. Public Health Emergency Management (PHEM) (R1)

These efforts will leverage other ongoing USAID support to the GoN to prevent, prepare for, get ready, detect and respond to public health emergencies in a timely and efficient manner. This activity is complementary to USAID/Nigeria health office awards in the areas of Primary Health Care (PHC), Human Resources for Health (HRH), Healthcare Financing (including advocacy for health security financing), Community Health and Social Behavior Change Communication (SBCC), data, surveillance and strengthened Health Information Systems (HIS).

Geographic Focus: The GHS - Coordination and Response activity will focus on national level support, as well as sub-national footprints in Lagos and Kano states based on population size, movement of persons, cross border communities, major points of entry (PoEs), population densities, and sub national JEEs. USAID/Nigeria may change or add the geographic coverage of this activity if public health threats emerge, or to respond to GON requests, and/or the United States Government's current and future plans and priorities, including opportunities to maximize collaboration, improve efficiency, and amplify results.

II. BACKGROUND

Nigeria has experienced several major disease outbreaks that impacted the health and wellbeing of its population. These outbreaks had significant implications for Nigeria's health system and economy and highlighted the need for effective disease surveillance, prevention, and control measures. The major disease outbreaks that occurred from 2014 to date include Lassa Fever, Cholera, Yellow Fever, Dengue Fever, Cerebro - Spinal - Meningitis, Diphtheria, and most recently Mpox. Beyond outbreaks of infectious diseases, some of which are endemic; other health security challenges such as Lead (Pb) and other heavy metal poisoning have had a significant

negative impact on the health and economy of the nation. These outbreaks affected different regions of the country, with some areas experiencing recurrent outbreaks over the years.

In response to these outbreaks, the Nigerian government, in collaboration with international partners and other stakeholders, launched several interventions aimed at containing and mitigating the impact of the outbreaks on public health. Nigeria's prompt response to COVID-19 can be attributed to operational readiness due to its experience responding to past outbreaks, sustained investments in epidemic response by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), U.S. President's Malaria Initiative (PMI) programs, multi donor supported immunization programs, and institutionalized processes from the Ebola response.

The USAID's GHS Program aims to prevent and mitigate the increasing occurrence and severity of epidemics, pandemics, and other emerging infectious disease (EID) threats. USAID does this by partnering with countries, as well as global, regional, and local public and private sector organizations. These partnerships build and strengthen measurable, sustainable capacity while helping to develop and adopt evidence-based and innovative solutions to prevent, rapidly detect, effectively respond to, and ultimately recover from emerging EID threats – whether naturally occurring, accidental, or deliberate.

III. GOALS AND OBJECTIVES

Broader Goal:

- Improved health security governance, and effectively coordinated preparedness, readiness and response across One Health (OH) Ministries, Departments and Agencies (MDAs) at National and Subnational levels.

Main Objectives:

- Advocate for and achieve **political commitment, financing, and leadership** towards the establishment and sustenance of the supra-ministerial One Health Coordination Forum for MDAs and stakeholders at national and state levels with mandates & convening powers to drive Health Emergency Preparedness, Readiness and Response (HEPRR) functions.
- Strengthen, improve and sustain a level of demonstrated capacity in International Health Regulation (IHR) coordination and effective Public Health Emergency Management (PHEM) system while supporting its build up where it is non-existent, at sub national levels.
- Support the IHR Focal Point, NCDC, to develop, implement, and monitor robust plans for health security such as the National Action Plan for Health Security (NAPHS), IHR States Parties Self-Assessment Annual Report (SPAR), and the Multi-Hazard Public Health Preparedness and Response Plans and After Action Reviews (AAR).
- Coordinate and collaborate with other USAID global health security programs – Presidential Emergency Plan for AIDs Relief (PEPFAR), Tuberculosis (TB), President's Malaria Initiative (PMI), and other health security system strengthening efforts for coordination and efficiency.

- During PHEM coordinate and compliment humanitarian development nexus programs, including disaster response mechanisms; on food security; water sanitation and hygiene; education, and community leadership; to mount effective responses.
- Build capacity of subnational coordinating One Health structures, systems, and services to detect, assess, notify, report, and respond to public health risks and threats.

ACTIVITY 2: USAID GLOBAL HEALTH SECURITY CAPACITIES STRENGTHENING ACTIVITY

I. PURPOSE:

USAID Nigeria plans to provide technical assistance and service delivery support to the Government of Nigeria to achieve ‘Demonstrated Capacity’ as measured by relevant health security assessments: such as the Joint External Evaluation (JEE), within the WHO International Health Regulations (IHR) Monitoring and Evaluation Framework; WHO benchmarks or a comparable level measured by the country’s State Party Self-Assessment Annual Reporting Tool (SPAR), and/or other relevant health security assessments.

Approach: The USAID Nigeria Global Health Security (GHS) - Technical Capacities Strengthening activity will focus on Five (5) priority technical areas from the WHO’s IHR M&E framework and the Joint External Evaluation (JEE) tool:

1. Antimicrobial Resistance (JEE P4)
2. Zoonoses - Human/One Health (JEE P5)
3. Biosafety and Biosecurity (JEE P7)
4. National Laboratory Systems (JEE D1)
5. Infection Prevention and Control (JEE R4)

These efforts will leverage other ongoing USAID support to the GoN to prevent, prepare for, get ready, detect and respond to public health emergencies in a timely and efficient manner.

This activity is complementary to USAID/Nigeria health office awards in the areas of Primary Health Care (PHC), Human Resources for Health (HRH), Healthcare Financing (including advocacy for health security financing), community health and Social Behavior Change Communication (SBCC), data, surveillance and strengthened Health Information Systems (HIS).

Geographic Focus: This GHS Technical Capacities Strengthening Activity will focus on national level and sub-national support in Lagos, Kano, Adamawa, Enugu, Plateau, Kebbi and Akwa Ibom states. USAID/Nigeria may change the geographic coverage of this activity in order to respond to GON requests, and/or the United States Government’s current and future plans and priorities as public health threats emerge.

II. BACKGROUND

Nigeria’s dynamic interactions between populations of wildlife, livestock and people within rapidly changing environments predispose the country to emerging infectious diseases (EIDs) and zoonosis. EIDs are a particularly significant and growing threat to global health, the global economy, and global security. (Nature Communication 2017; 8: 1124). Outbreaks are becoming

more frequent as interactions between humans, animals, and the environment increase, exacerbated by factors such as climate change, expanded globalization, and greater population densities and migration. Nigeria has experienced several major disease outbreaks that impacted the health and wellbeing of its population.

The emergence and spread of pathogens that have acquired new drug-resistance mechanisms, leading to antimicrobial resistance (AMR), is a growing global health threat. In 2019, AMR was the leading cause of death worldwide, attributed to the death of 1.27 million people - more than HIV or malaria - and sub-Saharan Africa had the highest fatality rates with 27.3 deaths per 100,000 directly attributable to resistance while 114.8 deaths per 100,000 were associated with bacterial AMR¹. Infection Prevention and Control (IPC); HCAI surveillance is still rudimentary, and many IPC activities lack the requisite IPC awareness, education and sensitization amongst healthcare professionals and in communities. Sub national rural communities still struggle with proper community level IPC activities and lack informal private sector participation.

According to the 2019 Global Health Security (GHS) Index, Nigeria had a zero country score for biosafety. Nigeria continues to record poor capacity and lack of standardization on biosafety and quality assessment across laboratory, biosafety, and biosecurity networks following the August 2023 JEE. The National Biosecurity Policy and Action Plan (2020-2026) highlights some gaps in the biodefense landscape for immediate action, these include: the lack of consolidation of institutions and locations with dangerous pathogens and toxin control; lack of robust biosecurity legislative framework; irregular integrated periodic review of biosecurity threats; absent national biosecurity databases; challenging logistic mechanisms for biosecurity and non-integration of security concerns into existing contingency plans for response to biosecurity incidents.

Human, animal & environment sectors still rely on ad-hoc laboratory optimization and laboratory sample transport mechanisms during outbreaks. This is a significant challenge to the pace of response and resource mobilization for pandemic preparedness and response.

NCDC has publicly requested donor and partner assistance to provide technical assistance towards strengthening capacities across the 19 technical areas of the IHR framework. For Nigeria the areas selected for USAID support are Anti-Microbial Resistance (AMR), Infection Prevention and Control (IPC), laboratory systems, biosafety and biosecurity, surveillance, zoonotic disease, human resources, health emergency management, and risk communication and community engagement. Of these technical areas, seven fall under USAID Agency-wide GHS priorities.

III. GOALS AND OBJECTIVES

Broader Goal:

- Nigeria's health facilities and laboratories improve prevention, detection and response to emerging and re-emerging infectious diseases; while preventing and mitigating potential biosecurity events, Healthcare-Associated Infection (HCAIs) and emergence and spread of Human Antimicrobial Resistant (AMR) pathogens.

¹ Antimicrobial Resistance Collaborators (2022), "Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis", *Lancet*, 399(10325), pp.629-655, DOI:[https://doi.org/10.1016/S0140-6736\(21\)02724-0](https://doi.org/10.1016/S0140-6736(21)02724-0)

Main objectives of the GHS Technical Capacities Strengthening award:

- Preventing the accidental or intentional spread of pathogens within and from laboratories through consistent implementation of stringent biosafety and biosecurity (BSBS) practice.
- Support fit-for-purpose laboratory systems in public and private institutions, and One Health ministries, departments and agencies (MDAs), that accurately detect and report emerging infectious diseases (EIDs) and AMR and implement laboratory support during health emergencies.
- Strengthen activities that reduce the emergence and spread of One Health antimicrobial resistance (AMR) by sustaining antimicrobial stewardship (AMS) at national and subnational levels.
- Strengthen Infection Prevention and Control (IPC) and prevention of healthcare associated infection (HCAI) while institutionalizing consistent IPC practices among healthcare workers in medical facilities.
- Integrate and leverage other USAID global health programs – including PEPFAR, Tuberculosis (TB), the President’s Malaria Initiative (PMI), laboratory sample transport, quality management and diagnostic network systems.
- Utilize technical capacities strengthened during humanitarian development situations, including disaster response mechanisms in the following areas; IPC/water, sanitation and hygiene (WASH), laboratory optimization, biodefense and biosafety.
- Building capacity at a national level, zonal and regional healthcare facilities, and at the primary healthcare level to prevent, detect and monitor antimicrobial resistance (AMR), implement antimicrobial stewardship (AMS), and prevent the spread of resistant organisms.
- Empowering zonal and regional facilities and health care management teams at the state and local government area (LGA) levels to strengthen and monitor health security practices, particularly in AMS and IPC, at regional and state and LGA-level facilities.

II. ELIGIBILITY INFORMATION

In addition to the Eligibility information mentioned in the APS, please see below information. Eligibility for this NOFO is restricted to local Nigerian organizations. Applications will not be accepted from any other types of organizations or individuals.

Local entity means an individual, a corporation, a nonprofit organization, or another body of persons that:

1. Is legally organized under the laws of Nigeria;
2. Has its principal place of business or operations in Nigeria;
3. Majority owned by individuals who are citizens or lawful permanent residents of Nigeria
4. Managed by a governing body - the majority of who are citizens or lawful permanent residents of Nigeria.

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.

III. APPLICATION INSTRUCTIONS

A. Phase 1: Concept Preparation

In Phase 1, interested applicants must submit a concept in the form of a slide deck. Highly rated applicants will be invited to present their concept orally. The concept must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program and should consider the requirements of this activity and the merit review criteria found in this NOFO.

The concept should be submitted in the form of a PowerPoint or similar slide deck presentation saved in PDF format. The slide deck must comply with the following requirements:

- Length- Not exceed **20** slides
- Format- PowerPoint Presentation or similar slide deck presentation save in PDF Format
- Language - English
- Font Type and Size- Calibri, the font size may be varied but no smaller than 12 points.
- Include slide numbers

Only text in the slide deck will be reviewed, no links/hyperlinked documents will be read/reviewed or scored. The concept slide deck presentation must have an Introduction Slide, containing the following information:

- **Activity Applying For-** Activity 1: *Global Health Security Coordination and Response or Activity 2: Global Health Security Capacities Strengthening.*
- USAID Addendum Reference
- Name of Organization applying for the agreement, and the location of Organization, including state offices as appropriate.
- Primary Contact Person and Alternate Contact Person (name, title, organization, mailing address, telephone number and email address and corresponding signatures);
- Any partnerships, including proposed sub-recipients or collaborating organizations, if any.
- Total Estimated Amount of Funding Requested from USAID;
- Proposed Period of Performance;
- Unique Entity Identifier (UEI) Number, if known.

The slide deck should include the following sections:

- Cover Slide (up to two (2) slides, not included in the 20-slide limit)
- Section I: Technical Approach and Management Capacity
- Section II: Supporting Information

Section I: Technical Approach and Management Capacity

- Approach. Describe the technical approach proposed and its alignment with the WHO benchmarks for strengthening health emergency capacities, adapted to Nigeria's operating context.
- Strategy. Describe the strategy to be used to support the movement to the next capacity level from the August 2023 JEE, and the proposed mechanisms to measure and monitor progress and achieve the expected results.
- Implementation and Experience. Describe the Applicant's global health security project implementation experience, including coordination experience at the National and Subnational levels working with Government MDAs. List projects implemented, and the level of funding received, with international donors and/or organizations in the past five years.
- Activity description and timeline. Describe the activities that will be undertaken to achieve the proposed results. Provide a high-level timeline of activities.
- Social, cultural, and demographic issues. Describe any social, cultural, or demographic issues that should be factored into the planning and implementation of the project (e.g. gender, age, literacy, culture, religion, minority populations, conflict, government policies etc.)
- Management Capability Statement: Describe the applicant's capacity to deliver results and coordinate effectively with other USAID and non-USAID implementing partners, GoN and USAID, and collaborate and leverage existing USG and other international donor investments in the public health security architecture and infrastructure in Nigeria.

Section II: Supporting Information

- Organizational Chart. No more than 1 slide providing an overview of how the application proposes to house this project within the organization, including a graphic illustration of the Applicant's project management structure, and the role of proposed partners (such as NGOs and/or alliances with private businesses)
- Institutional Capability. Describe the history of the organization, including its primary development focus, capabilities and challenges.

B. Phase 2: Full Application Preparation

Upon completion of Phase 1, the highest rated applicant(s) will receive a Request for Application (RFA), which will provide specific details for a full Technical and Business (Cost Application). Applicants will be requested to provide more detail in the full application.

Subsequently, USAID/Nigeria will initiate negotiations regarding the anticipated costs associated with implementing the Program Description. USAID retains the right to cancel negotiations and the award process at no cost to the Government.

NOTE: USAID IS NOT REQUESTING THIS INFORMATION AT THIS TIME. THE MOST HIGHLY RATED APPLICANT(S) WILL BE REQUESTED BY USAID TO SUBMIT A FULL APPLICATION FOLLOWING THE EVALUATION OF PHASE 1.

IV. MERIT REVIEW PROCESS

In addition to the Merit Review Criteria stated in Section 8, “Minimum Requirements and Review Criteria”, of the APS # 72062024APS00001, below is the specific criteria for this addendum.

A. PHASED SELECTION PROCESS

Phase 1: Concept Submission, and Oral Presentation, if invited

Concept Slide Deck Presentation

The concept slide deck will be reviewed by a Merit Review Committee according to the criteria described below. USAID anticipates two (2) possible results from the concept merit review process:

- **UNACCEPTABLE:** An applicant’s concept is UNACCEPTABLE when evaluated against the merit review criteria, the applicant is found to propose an unsound approach, and USAID has **Low Confidence** that the applicant understands the requirements and the applicant(s) will be unsuccessful in implementing the program. If UNACCEPTABLE, USAID declines the applicant providing an oral presentation.
- **CONDITIONALLY ACCEPTABLE** – An applicant’s concept is CONDITIONALLY ACCEPTABLE when the applicant proposes a sound approach and USAID has **Confidence** that the applicant understands the requirements and will be successful in performing with no government intervention. Applicants that are rated as CONDITIONALLY ACCEPTABLE after review of the oral presentation slides will be invited to participate in an oral presentation.

Oral Presentation Evaluation, if invited

The purpose of the oral presentation is to better understand the applicant’s concept and technical approach, as well as provide USAID an opportunity to pose clarifying questions. After the oral presentations, USAID will use the Merit Review Criteria to assign a final rating to applicants and determine whether the oral presentation addressed the strategic objectives outlined in Section C of the NOFO. Only oral presentations that are acceptable

will move forward to Phase 2.

- **ACCEPTABLE** – The oral presentation is **ACCEPTABLE** when the applicant proposes a sound approach and USAID has **Strong Confidence** that the applicant understands the requirements and will be successful in performing with no or limited government intervention.

Phase 2: Full Application

Full applications may or may not be reviewed with the same merit review criteria stated above. Detailed submission instructions and merit review criteria will be provided along with any request for a full application.

B. MERIT REVIEW CRITERIA

Phase 1: Concept and Oral Presentation, if invited

For Phase I, the criteria listed below are presented in the order of importance as follows: criteria 1 and 2 are of equal importance and are both more important than criterion 3.

The criteria below reflect the requirements of this particular NOFO. Applicants must note that these factors serve as the standard against which the concept slide decks, and oral presentation will be reviewed and evaluated.

Criterion 1: Technical Approach and Management Capacity

- The extent to which the Applicant's technical approach demonstrates a clear understanding of the Activity's purpose and results and presents a sustainable and strategic approach to achieving them.
- The extent to which the applicant presents a feasible strategy to build the capacity of the IHR technical area to the next capacity level.
- The extent to which the Applicant demonstrates an understanding of other USAID global health security programs investments – The Presidential Emergency Plan for AIDS Relief (PEPFAR), Tuberculosis (TB) program, President's Malaria Initiative (PMI), and other health security system strengthening efforts; and includes feasible approaches to enhance geographic and program coordination as well as plans to leverage other USG health and non-health activities to maximize project output.

Criterion 2: Management Framework and Institutional Capabilities

- The extent to which the applicant's approach to award management at both national and subnational levels demonstrates meaningful, collaborative, effective engagement.

- The extent to which the application demonstrates the methodology to propose a mix of consortium member organization that reflects the technical approach.
- The extent to which the applicant demonstrates its experience coordinating with the GON's ONE HEALTH MDAs on GHS priority technical areas.

Criterion 3: Organizational Structure and Staffing Approach

- The extent to which the organizational structure supports the proposed technical approach and project management decision making power closest to the level of implementation (national, state and LGA) to support adaptive management.
- The extent to which the Applicant organizational and staffing approach demonstrates a sound organizational structure for smooth working systems, defined reporting roles, responsibilities, working relationships, and efficient use of resources.

Phase 2: Full Application Merit Review

Full applications may or may not be reviewed with the same merit review criteria stated above. Detailed submission instructions and merit review criteria will be provided along with any request for a full application.

V. QUESTIONS AND FURTHER ASSISTANCE

Questions regarding the substance and objectives of this addendum should be directed to abujasolicitations@usaid.gov no later than **January 8, 2025, 4:30 pm West Africa Time**.