Issue Date: January 15, 2021
Deadline for Questions: January 29, 2020
Closing Date: February 12, 2021, 4:00pm EST

Subject: Notice of Funding Opportunity Number: 72052121RFA00001

Program Title: SPOTLIGHT: A Social Medicine, HIV Provider Stigma and Bias Prevention Project

Catalog of Federal Domestic Assistance (CFDA) 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 SPOTLIGHT program. Eligibility for this award is not restricted.

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

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on www.grants.gov, and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements detailed in Section D.6.f. 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 NOFO 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,

Edel Perez-Campos

Digitally signed by Edel Perez-Campos
Date: 2021.01.15 15:12:57 -05'00'

Edel Perez-Campos
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.

SPOTLIGHT: A Social Medicine, HIV Provider Stigma and Bias Prevention Project

I. BACKGROUND

A. Current HIV Statistics and Epidemiology

Haiti's population is estimated to be over 11 million, with an overall HIV prevalence of two percent (2%). UNAIDS Spectrum 2019 estimated there are 153,083 people living with HIV (PLHIV) in Haiti. Presently, 75% of Haitians living with HIV know their status; among PLHIV who know their status, 89% are on treatment and among those on treatment, 76% are virally suppressed. For the last three years, progress towards epidemic control has been stalled due to the persistently high rate of clients who have defaulted on treatment, otherwise known as lost to follow-up (LTFU). Approximately 32,832 of new clients newly enrolled on treatment have been lost over the past 3 years, representing nearly half of the number of new enrollees for that period. To reach the Government of Haiti (GOH) and the United States Government's (USG) shared goals of attaining: 95% tested (95% of all people living with HIV should know their HIV status), 95% on treatment (95% of all people with diagnosed HIV infection should receive sustained antiretroviral therapy), and 95% virally suppressed (95% of all people receiving antiretroviral therapy will have viral suppression), much more has to be done on retaining both new and continuing patients in treatment. In Haiti, as elsewhere, there is a clear association between the quality of care and patient adherence to treatment. Building trust between clients and provider teams to ensure treatment adherence is absolutely essential. One of the main obstacles to seeking and returning for treatment by PLHIV is the fear of stigmatization and the perceived lack of support, trust, and confidential non-judgmental care by HIV providers.

The HIV rate varies by geographic department, with the highest rates in Port au Prince. The nexus with tuberculosis (TB) continues to drive morbidity and mortality. Key drivers of new HIV infections include transactional commercial sexual activities, gender-based violence and multiple concurrent partner's behavior. A key challenge, particularly over the last two years, has been the nationwide political unrest that has shut down the country for several days each week triggered by dramatically escalating prices for fuel and essential food, and increasing poverty. Poverty is an underlying root cause of many cases of HIV and TB in Haiti. Migrating populations seeking work across the country and abroad are at-risk and often fall outside of the scope of health care coverage presently available in Haiti. Despite the present economic climate, overall, HIV prevalence remains stable, suggesting that the delivery of antiretroviral therapy is progressing. More focused and efficient HIV testing and significant increases in the number of clients on treatment have been key achievements over the last year in the GOH's HIV response. The GOH has pledged to achieve epidemic control by the end of 2020 but much more needs to be done to educate and prepare HIV providers to meet this challenge.

B. Challenges related to HIV Stigma and Discrimination: A 2017 study in Haiti, on the burden, stigma and discrimination towards PLHIV and minority groups, found that stigma is pervasive among the general public.[1] PLHIV are widely believed to be contagious, seventy-five percent (75%) of the Haitian public opposed the entry of homosexuals in the country. Seventy-nine percent (79%) wanted to prohibit the entry of anyone involved in sex work into the country. Seventy-one percent (71%) of the population said that they hate homosexuals. Stigma continues to undermine primary and secondary prevention of HIV and deters clients from being tested or taking the medical treatment regimes recommended. There have been relatively few studies in Haiti, especially on the social dynamics of HIV stigma. One early study that looked at TB stigma for Haitian migrants in Florida and in Leogane, Haiti, found that patients with a TB diagnosis equated having TB with being poor, sick or unable to work. Many Haitians in Leogane believe that an HIV diagnosis is synonymous with death and that there is some other cultural cause for the disease, hence there was little impetus to seek medical care. Similarly, there are persistent cultural beliefs in Haiti about how AIDS is contracted.[2] Extensive education at multiple levels and entry points with the health system and among peers and community groups is needed to dispel fears and rumors about AIDS and to promote treatment as the key to a productive life.

Presently, there are Haitian teams of doctors, nurses and psychosocial counselors based in 170 PEPFAR-supported HIV prevention, treatment, care and support facilities nationwide. While the basic fundamentals of HIV and TB diagnosis, treatment and care is built into both the pre-service and in-service curriculum for doctors, nurses and social workers, none of these teams, other than those in a few selected teaching hospitals with regular exchanges with international medical schools such as the PIH network, Les Cayes, Hopital Schweitzer, and Gheskio, have had formal medical empathy or specialized communication training to recognize, interpret and incorporate the patients' varying circumstances into the design of care plans. Moreover, patient advocacy groups that have helped to inform this design have reported that patients across the country have serious complaints about the lack of compassionate treatment, persistent feelings of isolation both within the clinical settings and their communities and at their workplaces.[3]

The negative attitudes and behaviors of practitioners have been linked to a variety of clinical outcomes in different patient groups. However, curricula already exist to reinforce empathy and compassion among physicians to address the high prevalence of stigma among health care providers towards PLHIV.[4]

Anecdotal information by implementing partners and female sex workers (FSW) and men who have sex with men (MSM) peer support groups have noted that stigma in relation to HIV is

[1] Burden of Stigma and Discrimination towards PLHIV and Minority Groups in Haiti 2017, a Power Point Presentation from the 2016/2017 Demographic and Health Survey and the 2017 stigma and discrimination poll among Haitian adults.

[2] Abrams, Jasmine, Preventing HIV/AIDS by Building Capacity to Reduce Stigma among Providers for Pregnant Women in Rural Haiti, Center for Interdisciplinary Research on AIDS, FOGARTY International Center, Grant Abstract, 7/2018.

[3] July 2019 PEPFAR Accelerated Impact Planning Meeting with PLHIV Peer Groups

[4] Patel, Pelletier-Bul, Smith, M Roberts, Kilgannon, Treciak, and BRoberts, Curricula for empathy and compassion training in medical education: A systematic review, PLOS One, August 22, 2019.

typically characterized by social disqualification, whereby individuals or groups are devalued and excluded, including customers of market women who will refuse to buy products from someone known to be HIV positive. The stigma experienced by PLHIV is unique as individuals may be perceived as having engaged in risky sexual behavior outside of the norms of traditional Haitian values and traditions. Victims of gender-based violence (GBV) may often be blamed for having enticed unwanted sexual advances and are discounted when they are sexually assaulted. As in many cultures, sexual assault is considered a hidden taboo. PLHIV are reported to be held responsible and often blamed for getting HIV, and key populations (KPs) including female and male sex workers (FSW, MSW) and MSMs are held in low regard that may lead to suboptimal clinical outcomes. This in turn has resulted in barriers to seeking care and adhering to the treatment plan.

When providers fail to recognize and combat HIV stigma in their ranks, undiagnosed persons with HIV may go unidentified and fail to get quality care and treatment. Providers may also place a value judgement on patient eligibility for treatment, believing for example, that some patients, such as mobile populations, will not adhere to treatment at a particular health facility and therefore do not prescribe the optimal treatment regimen for them. Another confounding factor for providers is that often mobile and poor clients are more difficult to track and have less time and availability to come to clinics. Given the provider shortages in Haiti, there are few incentives for doctors and HIV care teams to allocate their scarce clinical time to the hardest to reach clients, thereby contributing to low rates of viral suppression. For providers in Haiti as elsewhere, the fear of acquiring HIV through occupational exposure may also lead to emotional and physical distance from patients perceived to be HIV positive.[5] This factor has been shown in the global HIV/AIDS literature to lead to refusal of care and overall discomfort between providers and patients.[6]The fear of post-exposure has also been found to be keyed to the lack of availability of post-exposure prophylaxis (PEP) or infection control prevention supplies within healthcare settings in Haiti. The global literature on HIV and stigma has found that HIV providers are more likely to exhibit stigma if they have had limited opportunities to treat PLHIV. Less stigmatizing attitudes by providers can help to reduce social and structural barriers to HIV care across the continuum.

In Haiti, gender, the amount of training that a facility has received for its HIV prevention and treatment program, the clients' social class, and the clinical setting all affect stigmatizing tendencies. Stigma in Haiti as elsewhere, is manifested through inadvertent behaviors and ideologies such as homophobia, transphobia, and negative views of persons who engage in transactional commercial sex. Patients are also often stigmatized because they are poor or have a high number of sexual partners.

In Haiti, there is also structural stigma related to how HIV and TB services are publicized, organized and defined and the patient's experiences with these services. Structural stigma, related to issues such as lack of patient confidentiality, can prevent patients from acknowledging their disease and following the rigid medication regimen required to be virally suppressed. Poor patient

[5] Ontario HIV Treatment Network, Interventions to reduce stigma among health care providers working with substance users, Rapid Response Service Note# 128, October 2018

[6] Kidd, Prasad, Tajuddin, Ginni, Duvvury, Reducing HIV Stigma and Gender-Based Violence: A Toolkit for Health are Providers in India, International Center for Research on Women (ICRW) 2005.

flow, and limited confidential care space, inhibit privacy and counseling. Failure to prevent inappropriate disclosure of client medical histories, and the lack of security surrounding confidential medical records, are all issues that have deterred clients from seeking care. Some of these issues are being addressed in part by Haiti's electronic medical records systems but addressing the compassionate human factor and enhancing emotional bonding between clients and providers is a necessary prerequisite for gaining client trust and promoting treatment adherence.

II. PROGRAM GOAL, PURPOSE, GEOGRAPHIC SCOPE AND LINKAGES TO OTHER PROGRAM

Project Goal: To improve the quality of HIV services delivered by HIV provider teams nationwide at fixed facilities through a patient-centered service delivery approach. The project purpose is to leverage and strengthen the HIV provider team's capacity to attract and retain patients in care, improve and nurture patient/provider trust, and strengthen the quality and HIV competencies incorporated into the HIV health professional pre-service and improve in-service training curriculum through technical assistance. SPOTLIGHT is a 12 month social medicine, HIV Provider Stigma and Discrimination Prevention Project activity that will lead to the development of materials and approaches to be rolled out by the GOH HIV/AIDS National Program (PNLS) and implemented by health providers across the country.

Geographic Scope and Intended Beneficiaries: SPOTLIGHT is designed to be a 12 month project that will mostly focus on high loss-to-follow-up (LTFU) PEPFAR sites (both USAID and CDC) located within five (5) geographic departments (Nord, Nord-Est, Ouest, Artibonite, Sud) of Haiti. However, SPOTLIGHT-developed materials and approaches will inform and support the GOH's entire national network of HIV provider teams based throughout the country. SPOTLIGHT may be called upon to train health service providers beyond the 5 geographic departments noted above.

Relationship to Existing USAID/PEPFAR, USG Implementing Partners and other donor programs: SPOTLIGHT will lead to stronger more effective HIV clinical care teams across all of the USG/PEPFAR partners including those supporting:

- Health service delivery activities. Health service delivery implementing partners are those working directly in health facilities or at the community level providing comprehensive HIV care and treatment services, HIV testing and counselling, laboratory testing, tracking of LTFU, kids clubs, health economic strengthening activities, orphan and vulnerable children services, etc.
- Health systems strengthening activities, also referred to as above-site activities. Implementing partners working to strengthen health systems are involved in social and behavior communication change, training of health professionals, technical assistance to the government for capacity building and governance, delivery of health commodities, supporting health information system, etc.

Local Partnerships: USAID/Haiti, encourages consortiums with local partners and/or universities, with technical expertise and previous experience coupled with innovative solutions in improving quality of health services. In April 2018, USAID/Haiti communicated to partners the PEPFAR requirement and mission intention to channel 40% of PEPFAR funds through local partners, with the goal of having 70% of PEPFAR assistance channeled to local partners by 2020.

The new SPOTLIGHT activity will advance the Government of Haiti (GOH) and USG's shared goal of supporting partnerships with Haitian led organizations that will work in Haiti well beyond the life of USG assistance.

III. ACTIVITY OBJECTIVES

SPOTLIGHT is intended to be implemented by an entity, in collaboration with at least one local partner, with expertise in social medicine and past experience in Haiti. This 12-month activity has two strategic objectives described below. Examples of illustrative activities that USAID envisions could be implemented and their desired results are provided below as well. A results framework can be found in Annex 1.

Objective 1: Improve provider capacity to attract and retain patients in care and strengthen patient/provider trust

The process of treatment and care extends far beyond the clinical effects of the medication. Good communication between physicians and patients leads to greater satisfaction for both, more frequent use of preventive medical services and better adherence by patients to treatment plans. Service providers' ability to empathize with PLHIV and their families plays an important role in HIV patients' adherence to antiretroviral therapies (ART). The objective of this understanding and awareness will allow them to serve as compassionate HIV treatment role models through the improvement of their own behavior. Objective One has two intended results:

1. IR 1:1: Enhance providers' understanding, empathy and positive attitude toward PLHIV and KP
2. IR 1:2: Increase provider/patient shared decision-making process (PPSDMP)

SPOTLIGHT will help health workers become more compassionate HIV providers by improving their knowledge about social determinants of health, therapeutic communication and accompanying structural violence and other relevant issues and take steps to mitigate these factors. SPOTLIGHT will also support health workers in becoming aware of their own biases and misconceptions and the impact these may have on their clients.

IR 1.1: Enhance providers' understanding, empathy, and positive attitude toward PLHIV and KP

Below are some illustrative activities and areas of technical consideration. The applicant may select from among these for its response or propose additional activities that address the NOFO.

- Facilitate HIV provider teams' self-assessment on non-conscious biases and HIV stigma and development of team-based mitigation plans.
- Support the development of a set of HIV "Nudges" Materials Development and simple workplace job prompts and reminders to reinforce stigma reduction and increase empathy and patient confidentiality measures.
- Adapt existing on-line instructional modules and self-testing tools from global HIV programs that explore stigmatizing attitudes and behaviors through scenarios, questions and personal stories on patient outcomes to reinforce face to face learning.
- Facilitate training of providers on empathetic care in collaboration with PLHIV peer educators.

- Train master trainers on addressing provider stigma and reducing biases for HIV Providers.
- Structure medical residencies and nursing and social worker practicum to include developing positive HIV patient interactions.
- Disseminate the GOH position on the rights of PLHIV both on-line and face to face.
- Encourage sharing by providers of their own experiences of stigma.
- Train providers to talk about sexual health and the barriers they face in obtaining non-stigmatizing non-coerced full client disclosures.
- Facilitate brainstorming sessions addressing common myths and negative attitudes about key populations and PLHIV and suggest ways to counter them.
- Facilitate "Be the Change" exercises that encourage role-playing in order to to stimulate change in their own health facilities and surrounding communities.
- Implement HIV provider awareness tools and campaigns that reinforce patient confidentiality and respect in high LTFU sites.
- Identify sites that have received positive client and community feedback about HIV services to serve as on-site observational venues for learning for stigma reduction courses.
- Train providers to recognize their own (conscious and nonconscious) biases and those of their team members and best approaches to address them in their workplace.

Below are some illustrative activities of how to integrate programmatic messages into provider on-the job training. The applicant may select from among these for its response or propose additional activities that address the NOFO**.**

- Improve HIV Testing Services (HTS) pre- and post-test counseling, messaging and client interaction around rapid initiation to treatment.
- Build HIV provider self-efficacy to welcome, initiate and retain HIV clients using differentiated messages according to client circumstances.
- Improve and strengthen provider understanding and ability to tactfully and effectively challenge the view that gender-based violence is an acceptable norm.
- Strengthen provider confidence in the use of new tools such as treatment solutions and improved patient confidentiality tools.
- Build HIV provider expertise to enhance risk identification by deeply assessing risk factors such as partners, practices, history of sexually transmitted diseases (STD) protection, and pregnancy plans.

Illustrative Indicators:

1. Successful adaptation and piloting of HIV compassionate care medical, nursing and social worker professional education modules for in-service education.
2. Number (and %) of providers trained in high LFTU regions on HIV sensitivity training and compassionate clinical HIV education modules.
3. Number (and %) of clients who believe that client centered focus is actually working that will be measured through a client survey at the end.

IR 1.2: Increase provider/patient shared decision-making process (PPSDMP)

Below are some illustrative activities and areas of technical consideration. The applicant may select from among these for its response, or propose additional activities that address the NOFO:

- Develop and implement materials to coach providers on using "appreciative inquiry" (AI) methods to counseling which build on past successes rather than focus on challenges and problems related to adherence. Advocacy to embed these trainings in pre-service and in-service training of health care providers. Review counseling curricula and embed AI concepts where appropriate.
- Adopt successful patient-led training to improve the knowledge and understanding of the clinical staff.
- Incorporate off-the-shelf direct to patient consumer solutions adapted to the Haitian context so that patients can learn more about their treatment options.
- Provide culturally appropriate HIV self-care tools for clients and train social workers to provide to clients on their use.
- Structure visits to optimize patient/provider decisions, building in time for patients to absorb treatment options and providers to formulate their diagnosis and care plans.
- Enhance provider understanding and ability to empathize with clients' circumstances by exposing them to clients' positive outcomes.

Illustrative indicators:

a. Number of service providers who received a provider/patient shared decision-making process (PPSDMP) refresher training.
b. Number of patients not missing their appointments (decrease the PEPFAR MER indicator TX _ ML)
c. Number (and percentage) of trained providers who passed PPSDMP evaluation (observation and case study).
d. Number of patients from trained (in compassionate HIV care modules) providers that are retained in care and achieve viral load suppression (TX_PVLS) (providers patient cohort).

Objective 2: Technical Assistance provided to the MOH/PNLS, other MOH/directorates and PEPFAR implementing partners, professional organizations and associations

Supporting the PNLS to establish and reinforce positive norms related to compassionate HIV care and treatment is instrumental to catalyze and reinforce positive changes in provider behavior towards clients. Institutional factors contributing to stigma and discrimination of AIDS patients include legislative or policy gaps including health controls, quarantine, compulsory internment or segregation in hospitals. Addressing provider bias does not mean blaming health workers, especially faced with staff shortages and infrastructure and other structural barriers to quality of care. This objective of SPOTLIGHT is to include producing an initial set of bias reduction materials for HIV providers that addresses overt and subtle stigma and bias at service delivery sites across the country. The partner is expected to work collaboratively with other PEPFAR implementing partners to ensure that the highest standards of care are met. This element of the SPOTLIGHT activity will have funding to convene government, civil society organizations (CSOs) community stakeholders and groups of HIV patients and providers to determine the best approaches to address both the perceived and actual quality of care. SPOTLIGHT will need to consider the current environmental and working conditions of clinical and medical professionals when developing training materials.

Objective Two has two intermediate results:

IR 2:1: Support the MOH and PNLS to develop an approved national set of HIV provider competencies, revision/development of protocols and standard operating procedures as they relate to improving the patient/provider relationship.

IR 2:2: Advocacy efforts to improve HIV providers, medical and nursing students' curriculum related to the provider/patient relationship.

IR 2.1: Support the MOH and PNLS to develop an approved national set of HIV provider competencies, revision/development of protocols and standard operating procedures as they relate to improving the patient/provider relationship.

Below are some illustrative activities and areas of technical consideration. The applicant may select from among these for its response, or propose additional activities that address the NOFO:

- Support PNLS in updating the HIV provider core competencies to include provider/patients to include stigma and discrimination free interaction, communication and empathy skills.
- Work with PNLS, and other technical assistance (TA) mechanisms, PLHIV and KP-led Civil Society Organization (CSO) to include patient/providers trust building in supportive supervision materials.
- Support PNLS in developing indicators to track improvement of patient/provider relationships.
- Assist PNLS in developing a set of on-line and face-to-face in-service training materials and guidelines to address and prevent HIV provider bias and strengthen clinician's exposure to the problems faced by harder to reach clients.
- Advocate to PNLS to ensure integration of frontline providers and beneficiaries in guidelines or policy elaboration/review.
- Provide technical assistance to the MOH for joint assessments to improve supportive supervision for HIV teams practicing empathetic HIV care as a tool for further replication.
- Provide technical assistance to the MOH ethics committee to increase their awareness of the stigma associated with HIV.
- Support PNLS in designing HIV sensitization training materials including rights of young people and KPs at high risk of stigmatization.

Illustrative indicators:

- Number of client centered policies developed with USG support.
- Number of training materials/standard operating procedures developed and approved.

IR 2.2: Advocacy efforts to improve HIV providers, medical and nursing students' curriculum related to the provider/patient relationship

Below are some illustrative activities and areas of technical consideration. The applicant may select from among these for its response, or propose additional activities that address the NOFO:

- Analyze and summarize feedback from CSO observatory to inform training needs and to propose modules revisions.

- Meet with PLHIV and KP-led CSO to brainstorm on improvement needs in patient/provider interaction.
- Advocate to create a technical working group with TA mechanisms, PLHIV, KP and providers-led CSO to discuss client-providers relationships and to make recommendations to PNLS and other stakeholders.
- Participate in technical working groups with Health socio-professional organizations and health science school to discuss provider/patient relationship competency for HIV providers.
- Integrate approaches that teach HIV provider communication skills using role-play.
- Support focus groups and community meetings with KPs organizations and advocacy groups to ensure the integration of community and patient feedback into pre-service and in-service stigma and bias reduction training curriculum.
- Establish a confidential channel for the routine analysis of patient feedback about their treatment and care to inform future training and supervision of HIV providers.
- Recommend meaningful strategies for recognizing HIV provider excellence in the administration of care plans.
- Recommend scheduling strategies to optimize client/patient interactions.
- Recommend team-based counseling approaches to enhance patient understanding of their prescribed diagnosis and treatment regimens.
- Use information from patient quality of care/surveys and feedback from watchdog groups to pilot, tailor and roll-out patient-friendly empathetic messaging for clients according to their age, gender and life circumstances.

Illustrative Indicators:

1. The number of national policy changes established by the National AIDS Control Program (PNLS) within the Government of Haiti (GOH), to address and improve the relationships between the HIV providers and their patients.
2. The number of new and/or modified national policies implemented to improve HIV providers' capacity and improve relationships among providers and patients.
3. Number of advocacy sessions conducted.

IV. RESULTS

This project is expected to help the national HIV/AIDS program to achieve its goal of epidemic control in Haiti, i.e. 95% of people who are HIV infected will be diagnosed, 95% of people who are diagnosed will be on ARV treatment, and 95% of those on ARV will be virally suppressed.

In doing so, **SPOTLIGHT** is expected to contribute to the following:

- 95% of PLHIV in activity areas receive ART.
- 95% of PLHIV in activity areas on ART are virally suppressed (VL<1,000).
- Increased retention in care in supported sites to 90% in all supported facilities.
- Decreased Lost-To-Follow-Up in supported sites to 10% maximum.
- Improved collaboration and standardization of care among USAID funded PEPFAR IPs.

- Improved PNLS/MSPP capacity to develop policies and strategies to enhance providers/patients relationships.

Exact targets will be determined on an annual basis and will be based on the final Country Operational Plan approved PEPFAR targets.

V. MONITORING AND REPORTING

SPOTLIGHT will follow PEPFAR Monitoring, Evaluation and Reporting (MER) guidance for reporting. Along with the MER indicators, USAID has developed custom indicators that are crucial for measuring program contribution to sustained epidemic control. These data will be used to gauge progress and inform targeting and tailoring interventions appropriately. Thus, **SPOTLIGHT** will track a range of indicators that are relevant to each of its components and consistent with PEPFAR indicators, including financial data to enable costing and financial analyses.

The implementer of the **SPOTLIGHT** activity will collect data and submit bi-weekly, monthly, quarterly and annual reports according to the project work plans and Monitoring, Evaluation and Learning plan (MEL) and as requested by the USG team. The MEL will include all required PEPFAR and Global Health Indicators in addition to cross border custom indicators. Please note the list of indicators may change over the life of the project as the PEPFAR program evolves. USAID/Haiti expects the implementer of **SPOTLIGHT** to make appropriate modifications and revise the selected indicators as needed and/or if there is a revised guideline requiring tools revision. The **SPOTLIGHT** activity MEL plan will focus on providing essential information for effective technical oversight and project management.

Real-time monitoring of quarterly performance (including trend data) will be conducted. Sites data will be analyzed to understand drivers of lost to follow-up or missed appointment related to provider/patient relationship and overall client services. Comparison of OU and IM results by gender, age, and geographic locations will enable PEPFAR OUs to determine whether there are overall issues with service delivery or specific barriers for sub-populations groups.

Proposed custom indicators to be reported

In accordance with reporting requirements mentioned above, **SPOTLIGHT** will report on a subset of indicators that are relevant to their program or suggest new ones. These results will be aggregated and reported into the national Health Management Information System (HMIS) (www.mesi.ht and www.datim.org). Examples of custom indicators the applicant can select from include those listed below:

Program Area	Indicator Code	Description
	SDM_DSD	Percent of trained providers who passed PPSDMP evaluation (observation and case study).

CUSTOM INDICATOR		Numerator: Number of providers who passed PPSDMP evaluation Denominator: Number of providers evaluated for PPSDMP
	SDM_In_train	Number of providers trained.
	QualCare	Percent of targeted sites reporting findings from the suggestion box. Numerator: number of sites reporting finding from suggestion box Denominator: Number of sites with a suggestion box.
	Pol_New	Number of Patient-Provider relationship policies developed with USG support.
	SDM_Curriculum	Number of training modules adapted for: medical, nursing and social worker professional education.

At the end of the SPOTLIGHT activity, the PEPFAR program is expected to see a significant improvement in the retention of clients in HIV care and treatment, especially in the geographical focus areas where the activity will intervene.

The USG will consider existing national level data that is available on the number of PLHIV active on treatment (TX_CURR) and retained on treatment (TX_RET) as baseline data for the project.

VI. 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 the Code of Federal Regulations (22 CFR 216) and in USAID's Automated Directives System Parts 201.5.10g and 204 which, in part, require the identification of 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. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this program description.

A Request for Categorical Exclusion (RCE) has been approved for the activities under this program description. The RCE covers activities expected to be implemented under a Cooperative Agreement. USAID has determined that an RCE applies to all of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no adverse effect on the environment. The recipient shall be responsible for

implementation of all conditions, if any, pertaining to activities to be funded under this Cooperative Agreement. Any significant changes in activity will require an amendment of the approved RCE or an IEE.

As noted, a Categorical Exclusion is recommended for those activities that present very little to no risk of adverse environmental impact, direct or indirect. These activities, or classes of activities, fall under the following citations from 22 CFR §216.2(c)2:

i. Activities involving education, training, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);

ii. Activities involving analyses, studies, academic or research workshops and meetings;

iii. Activities involving document and information transfers;

iv. Programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, wastewater treatment, etc.);

v. Studies, projects or programs intended to develop the capability of IP countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.).

As part of its initial implementation plan, and all annual implementation 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 under this agreement 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.

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

VII. GENDER, YOUTH AND SOCIAL INCLUSION CONSIDERATIONS

Comprehensive gender analyses were conducted including a November 2017 gender assessment, April 2019 and September 2020 gender analysis that provided insights and priorities related to

key gender gaps in service delivery. USAID/Haiti envisions that the recipient of the **SPOTLIGHT** activity will develop and execute a gender strategy that responds to these gender equality and women's and girl's empowerment issues at different levels of service provision. Outlined below are those identified over the duration of the program. Implementation of activities should offer additional practical and cost-effective solutions to realities that hinder equitable access of women, men and adolescents in the program. PEPFAR-funded HIV services should be designed in close collaboration with relevant line ministries such as Ministère à la Condition Féminine et aux Droits des Femmes (MCFDF). The recipient should take into account the following gender programmatic considerations and allocate time and effort to remedy them or work to remove related constraints and ensure that a gender transformative lens is applied to all aspects of the program:

- Quality of care for vulnerable populations: **SPOTLIGHT** will ensure the provision of evidence-based and evidence-informed gender programming to improve the quality of care for vulnerable populations. Activities must continue to improve the availability and quality of clinical management of HIV, STI services and address wide scale GBV. For example, a recurring finding from the gender analysis was that women are not receiving adequate quality clinical services partly because of existing institutional discrimination (including violence), negative encounters with service providers especially against those who are young, poor, lesbian, or transgender in Haiti. Existing and new approaches that demonstrate success can play a pivotal role in reaching more clients of all genders and ages. In line with the recommendations in the gender analysis, the implementer should document any consultation process demonstrating the inclusion of women and vulnerable groups, including orphans and people living with HIV.
- Tailoring of interventions for vulnerable populations: **SPOTLIGHT** will enhance providers capacity to offer HIV case detection and treatment services for vulnerable populations to meet their specific needs. Of those who experience violence, addressing socio-emotional issues and adapting gender-based violence (GBV) prevention and response services will require additional attention from the implementing partner as well as enhanced referrals and linkages to other HIV and public health services. While training of public and private healthcare providers is expected, so is maintaining good coordination and collaboration between **SPOTLIGHT**, USAID/Health Service Delivery providers and USAID Economic Growth and Food Security programming partners.
- Enhanced program monitoring systems with sex-and age-disaggregated gender-specific data: **SPOTLIGHT** will work closely at facility, community and project level to deploy strategies that respond to significant gaps in data throughout the Haitian healthcare system, and information about quantity and quality outputs, focused on gender. In line with the recommendations in the gender analysis, age and sex disaggregated data should be collected in monitoring. At a minimum, all indicators where individuals are counted should be age and sex disaggregated. Whenever possible, SPOTLIGHT should also seek to monitor the cooperative agreement's impact on improving gender outcomes. Verification in the use of data collection in rural, urban and mobile service delivery sites offer potential solutions in addition to integrating the tracking of GBV and other human rights violations into data monitoring systems for the entire project.

Opportunities with and operationalization of policy and planning environments: The National Plan to Combat Violence against Women and Girls is currently being revised by the Concertation Nationale to be extended to 2020. A separate GBV law, now in draft form, also presents a promising step towards harmonizing the policy framework for GBV prevention and service provision across the country. Yet challenges remain, especially with a lack of integrated policies, plans and programs that focus on women and girls, orphans and vulnerable children (OVC), PMTCT, EID, and pediatric HIV care services, and how they integrate with other sectors. This poses a major impediment to establish linkages among health care programs and **SPOTLIGHT** has a critical technical assistance role to play in supporting efforts to revise related policies to reflect gender-sensitive approaches, objectives and concrete action plans. In line with the recommendations in the gender analysis, men's buy-in will be important for any specific activities aimed at women and youth. Any activities designed specifically to empower or enable women and/or youth may create challenges to traditional power structures, especially those controlled by older men.

Gender transformative programs, which actively work to change gender norms and remove societal and interpersonal constraints, include a range of interventions which the recipient should describe in a cross-cutting manner, ones that attest to and leverages their knowledge and experience working in Haiti. **SPOTLIGHT** will build upon and address these considerations and findings from the April 2019 gender analysis (see Annex 2) related to resistance in parts of the civil society and public health workforce to addressing gender issues. A special emphasis will be placed on supporting gender-sensitive and nuanced policy, planning and innovation that can contribute to achieve epidemic control in Haiti.

The findings of this gender analysis should be incorporated into any implementation plans, including the work plan utilized by the implementing partner, so that gender issues can be front of mind. In addition, during implementation of the work plan, the implementing partner shall design appropriate interventions that are gender-responsive and that address gender equitable considerations, consistent with the findings of the gender analysis, which will be shared with the implementer. If the scope of any planned activities changes significantly, an update to this analysis is recommended, with a concurrent update to the agreement. This analysis may be annexed (minus procurement sensitive information) to the relevant procurement documents so that applicants can respond accordingly in their applications. Once the agreement moves to implementation, recommendations should be reviewed again. Specifically, it is recommended that the Notice of Funding Opportunity (NOFO) require the implementing partner to conduct a gender analysis as part of baseline activities and then integrate those findings into their implementation plan.

VIII. GUIDING PRINCIPLES

USAID/Haiti places emphasis on the following principles across its portfolio.

Local Solutions

SPOTLIGHT will align with USAID's focus on local solutions and assistance to the Haitian Government to strengthen the areas where there are gaps. In essence, the SPOTLIGHT service will enhance the capabilities of Haitian partners to direct their own development and reduce

dependence on outside sources. Strategies must align to the resources and priorities Haitians express. Activities will foster national and local ownership of outcomes. While SPOTLIGHT focuses on strengthening the public sector as the ultimate leader of the health sector, the local private sector and civil society will contribute to its success. Local public and private sector partners have already demonstrated the capacity to provide needed technical services through existing activities.

The Government of Haiti (GOH) sets the priorities for the Haitian health sector; however, much of the financial and technical support for achieving the priorities is supplied by external donors. This agreement represents a continuation of the pivot from a donor-dependent health system to a system supported by domestic resources. By aligning SPOTLIGHT's approaches with the policies and priorities of the GOH, the project responds to local demand and the GOH's desire for long-term improvements to the system, so that after four (4) years of implementation, the GOH will be in a better position to take on responsibilities that donors currently assume.

The people of Haiti express frustration with their country's dependence on donor funding for health and other development sectors. This agreement responds to their desire to see a stronger administration that fulfills a social contract with the population to ensure access to, and coverage of, essential health services. While the work of SPOTLIGHT may not be directly visible to the population, improved access to health workers will be, as will improved transparency of what the government is doing with its resources.

Resilience

SPOTLIGHT will consider resilience, which USAID defines as the "ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth," in the development of its approaches. The applicant must consider resilience of the broader health system in terms of contingency plans, management structures, and resource distribution.

Flexibility

The development, political, and physical climates will change throughout the life of the SPOTLIGHT agreement. For example, national elections and any resulting changes may take place in Haiti midway through implementation and could lead to changes in counterparts and priorities. The SPOTLIGHT applicant must have the ability to adapt to unknown and unexpected changes.

Sustainability

It is not essential that the interventions of this project are sustained, but that the systemic changes in Haitian institutions are sustainable and will continue to improve beyond the life of the contract. SPOTLIGHT interventions must respond to Haitian-defined wants and needs and be socially acceptable to them. They must focus on strengthening systems rather than individuals.

There are some forces that could inhibit sustainable change with respect to continued implementation. Instability in the security sector limits governance potential, as does the absence of clear and conscious economic policymaking, decayed social institutions, and an

underdeveloped infrastructure throughout the country. These conditions then further hamper MSPP staff and community health workers in delivering the appropriate health services to the people of Haiti, and in collecting the data around that service delivery. Clear and consistent commitment from varying stakeholders will help SPOTLIGHT overcome challenges and will be a strong and mitigating effect against the potential undermining of such challenges on the SPOTLIGHT services.

Gender Equality and Women's Empowerment

Promoting gender equality and advancing the status of all women and girls around the world is vital to achieving U.S. foreign policy and development objectives. Gender inequities, poverty, and economic vulnerability, along with cultural factors and low education levels, have put women and girls at heightened risk of illness, sexual and physical abuse, a reduction of rights, and even death. The USAID Gender Equality and Female Empowerment Policy ensures that all investments reduce gender disparities by increasing access to, control over, and benefit from resources, opportunities, and services; reducing gender-based violence and mitigating its harmful effects; and increasing the capability of women and girls to realize their rights, determine their life outcomes, and influence decision-making. USAID/Haiti is committed to promoting gender equity within all health activities. Women and adolescent girls are explicitly put at the center of programming in order to address pressing health needs, although programs also focus on male involvement to support family and community health. It is critical that the project demonstrate thorough gender integration into all planned activities. Empowerment of women and more effectively reducing the gaps between men and women is also a key component of resilience.

The intersection of sociocultural norms with other factors, such as the role of politics and economic opportunity, have created strong gender norms and beliefs regarding the roles of men and women/boys and girls, in Haitian society. Divisions along class and politics often manifest in gender norms and beliefs. These beliefs include what are considered "acceptable" roles for women and men in the workforce or at home. Additionally, vulnerable populations, such as LGBTI individuals in Haiti, are often stigmatized to the point of having difficulty in accessing basic services such as healthcare. Though Haitian and international NGOs are working to challenge these socially-held constructs, additional work in this area is still needed and encouraged.

[END OF SECTION A]

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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 $900,000.00 in total USAID funding over one (1) year period.

2. Start Date and Period of Performance for Federal Awards

The anticipated period of performance is one (1) year. The estimated start date will be upon the signature of the award.

3. Substantial Involvement

In accordance with ADS 303.3.11, substantial involvement during the implementation of this Cooperative Agreement will be limited to approval of the elements listed below:

1. Approval of the Recipient's Implementation Plans

USAID/Haiti will approve the recipient's implementation plans (e.g. annual work plan, monitoring and evaluation plan, branding strategy and marking plan, etc.) during performance.

Targets for PEPFAR-Funded Activities

Recipient must meet the targets that are set out for each COP Year. If the AO determines that Recipient is not on track to meet targets, or is otherwise noncompliant with the terms of this award, USAID reserves the right to place the Recipient on a Corrective Action Plan (CAP) and/or terminate the agreement in whole or in part pursuant to sections 2 CFR 200.338 through 2 CFR 200.342, Remedies for Noncompliance, or the terms of the award for non-U.S. non-governmental organizations.

Targets for this Award for FY21 are as follows:

Indicators	**Benchmark**	**Code**
Number (and %) of training materials/standard operating procedures developed and approved by the PNLS (MOH)	95% of the expected training materials/standard operating procedures to be submitted to the PNLS (MOH) for approval	SDM_Curriculum
Number (and %) of providers trained in high LFTU regions on HIV sensitivity training and compassionate clinical HIV education modules	95% of providers in high LTFU regions should be receive HIV sensitivity training and compassionate clinical HIV education	SDM_In_train

Number (and %) of sites reporting finding from suggestion box in High LTFU regions	95% of sites in High LTFU should report findings from suggestions box.	QualCare

2. Approval of specified Key Personnel.

USAID/Haiti will be involved in the selection of Recipient's proposed Key Personnel. In accordance with the Substantial Involvement provision, Key Personnel are subject to the approval of the Agreement Officer.

3. Agency and Recipient Collaboration or Joint Participation

USAID has determined that the Recipient's successful accomplishment of the program objectives would benefit from USAID's technical knowledge, and has authorized the joint participation of USAID and the Recipient in the following ways:

- Approval of the Recipient's Activity Monitoring, Evaluation and Learning Plan aligned with USAID/Haiti's monitoring and reporting framework and other relevant reporting mechanisms required by USAID/Haiti.

- Monitoring to authorize specified kinds of technical direction or redirection because of interrelationships with other projects. All such activities must be included in the program description, negotiated in the budget, and made a part of the award.

- Approval of any proposed sub-awards and contracts.

- Collaborative involvement in selection of Advisory Committee members, if the program establishes an advisory committee that provides advice to the recipient. The Agreement Officer's Representative (AOR) may participate as a member of this committee.

- USAID/Haiti direct operational involvement or participation to ensure compliance with statutory requirements and other Federal stewardship responsibilities (eg. environmental compliance).

- USAID/Haiti's ability to immediately halt an activity if the Recipient does not meet detailed performance specifications (e.g. changes to activities, locations and beneficiary populations).

- Communications with GOH officials – The AOR must be present in all meetings with government level officials at the Minister and Secretary General levels. All communication with GOH officials must be made by the Chief of Party and coordinated in advance with the USAID AOR. Exceptions may be granted but must be in writing and made prior to any meeting/communication.

4. Agency Authority to Immediately Halt a Construction Activity

4. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is **937.**

5. 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 SPOTLIGHT program which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

[END OF SECTION B]

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SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligibility for this NOFO is not restricted.

U.S. and non-US nongovernmental organizations (NGOs) may participate under this NOFO, including U.S. and international private voluntary organizations, local non-governmental organizations, universities, foundations, private sector entities, and non-profit and for-profit organizations. Organizations may submit applications individually or in partnership with other international or local organizations.

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

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

The Applicant/Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the Applicant/Recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all sub-awards issued under this Cooperative Agreement that results from this NOFO.

Applications will not be accepted from individuals.

2. Cost Sharing or Matching

USAID has established a mandatory minimum recipient cost share of five percent (5%) of projected award amount for the award. 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, the Standard Provisions and ADS 303.3.10.3.

3. Covered Telecommunication and Video Surveillance Equipment or Services

Per ADS 303.3.35.2 "**Covered Telecommunication and Video Surveillance Equipment or Services**", effective August 13, 2020, a recipient may not procure covered telecommunication equipment or services for the implementation of their program using award funds.

2 CFR 200.216, applicable to US organizations, and the standard provision "Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment" applicable to non-US NGOs, implement Section 889(b) of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year 2019 (Pub. L. 115-232) that prohibits the use of award funds, including direct and indirect costs, cost share and program income, to procure covered telecommunication and video surveillance services or equipment. The statute covers certain telecommunications equipment and services produced or provided by Huawei Technologies Company or ZTE Corporation, Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

Such covered telecommunication equipment or services must not be reimbursed to the recipient as a direct or indirect cost or accepted as part of cost share. Additionally, the recipient must not use any program income generated under the award to purchase covered telecommunication equipment or services.

[END OF SECTION C]

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Edel Perez-Campos
Agreement Officer
USAID/Haiti
Port-au-Prince, Haiti
Email: eperez@usaid.gov

Sandra Ricot
A&A Specialist
USAID/Haiti
Port-au-Prince, Haiti
Email: sricot@usaid.gov

2. Questions and Answers

Questions regarding this NOFO should be submitted to the following email addresses: eperez@usaid.gov and sricot@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.

Email submissions for questions must include the NOFO number in the subject line heading.

3. General Content and Form of Application

Preparation of Applications:

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

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

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

- Name(s) and title(s) of person(s) who prepared the application, and corresponding signatures

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

Applicants may choose to submit a cover letter in addition to the cover pages, but it will serve only as a transmittal letter to the Agreement Officer. The cover letter will not be reviewed as part of the merit review criteria.

Applications must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations.
- Written in English
- Use standard 8 ½" x 11", single sided, single-spaced, 12 point Times New Roman font, 1" margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name.
- 10-point font can be used for graphs and charts. Tables, however, must comply with the 12-point Times New Roman requirement.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section B of this NOFO must be used in the cost application.
- The technical application must be a searchable and editable Word or PDF format as appropriate.
- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion, however, the official cost application submission is the unlocked Excel version.

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

4. Application Submission Procedures

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, or as amended. Late applications will not be reviewed nor considered. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time.

Application must be submitted by email to sricot@usaid.gov; eperez@usaid.gov and usaidhaitioaa@usaid.gov. Email submissions must include the NOFO number and applicant's name in the subject line heading:

"Technical Application under 72052121RFA00001, submitted by: [name of Applicant organization]."

"Cost Application under 72052121RFA00001, submitted by: [name of Applicant organization]."

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

USAID's preference is that the technical application and the cost application each be submitted as consolidated email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending it. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear.

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

Applicants are reminded that e-mail is NOT instantaneous, and in some cases delays of several hours occur from transmission to receipt. Therefore, applicants are requested to send the application in sufficient time ahead of the deadline. For this NOFO, the initial point of entry to the government infrastructure is the USAID mail server.

There may be a problem with the receipt of *.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Haiti/OAA cannot guarantee their acceptance by the internet server. File size must not exceed 25MB.

5. Technical Application Format

The technical application should be specific, complete, and presented concisely. The application must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The application should take into account the requirements of the program and merit review criteria found in this NOFO.

The Technical Application should contain the following elements, described in detail below:

5.1 Cover Page (maximum 1 page; not included in 15-page limit)
5.2 Executive Summary (maximum 1 page; not included in 15-page limit)
5.3 Technical Approach (maximum 8 pages)
5.4 Management Approach and Staffing Plan (maximum 4 pages)
5.5 Key Personnel (maximum 1 page)
5.6 History of Performance (maximum 2 pages)
5.7 Annexes (not included in the 15-page limit from above, however Annex section itself should not total more than 15 pages)

-staffing plan and organizational chart including all proposed positions, lines of reporting and communication.
-CVs/Resumes of Key Personnel (not to exceed 2 pages per individual)
-Recommendation letters from persons or organizations familiar with the past or current work of the applicant.
-Letters of commitment from organizations intending to partner with the Applicant (e.g. including subawards) in a financial or non-financial capacity.

The Technical Application, inclusive of the noted elements, should number a total of fifteen (15) pages.

5.1 Cover Page (maximum 1 page, not included in 15-page limit)

The cover page should include: a) project title; b) Request for Application reference number; c) name of organization(s) applying for the agreement; d) any partnerships; and e) name and title of contact person, telephone number, fax number, address, and f) name(s) and title(s) of person(s) who prepared the application, and corresponding signatures.

5.2 Executive Summary (maximum 1 page, not included in the 15-page limit)

The Executive Summary should summarize the key elements of the Applicant's technical application, including, but not limited to, the technical approach, the implementation plan for the full project period, the personnel and management approach and staffing plan, and any cost-sharing and/or public-private partnerships, if applicable.

5.3 Technical Approach (maximum 8 pages)

In the Technical Approach, Applicants should address the requirements of the program description including the objectives, interventions, indicators, expected results, and guiding principles. This subsection should describe in detail the proposed technical strategy and approach and comprehensively address how the Applicant will achieve the objectives outlined in the project description over the term of the activity. Applicants should provide a comprehensive yet concise summary of the proposed overall strategic and technical approach, including making sure to address the mandate for collaboration.

This section should also set forth in sufficient detail the conceptual approach, methodology, and techniques for the implementation and evaluation of project activities and should demonstrate responsiveness to the Haiti context with regard to the health service delivery needs of the populations served.

As part of the technical approach narrative, the Applicant should respond to the following critical questions:

- ***Accelerated implementation to maximize impact***
  What practical steps would the Recipient take to ensure the project makes significant and measurable progress towards its objectives on an accelerated schedule? How would the Recipient maximize – and measure – the impact of project impact within the catchment area of the project service delivery sites? As specifically as possible, describe the estimated number of beneficiaries the Recipient anticipates will be reached through proposed approaches to achieve maximum coverage of services and impact on health outcomes.

- ***Quality Improvement (QI) / Quality Control (QC) systems and processes***
  How would the Recipient ensure effective quality improvement and quality control systems and processes are central to the credibility and sustainability of the activities to improve the quality of care for priority populations (PPs)? How would the Recipient ensure QI/QC is implemented in the most responsible and effective way possible?

5.4 Management Approach and Staffing Plan (maximum 4 pages)

In the Management Approach and Staffing Plan, the Applicant should demonstrate capacity in management, planning, and implementation of project activities and provide a clear description of how the cooperative agreement will be managed, including the approach to addressing potential problems. Applicants should include a comprehensive management plan that demonstrates the Applicant's ability to effectively develop and manage a successful flagship activity that operates in both the public and private sectors, and functions in highly sensitive situations.

The Applicant should include a summary staffing plan. If the proposed management plan includes other stakeholders, the Applicant should demonstrate experience leading an effective partnership, and articulate the roles and responsibilities of all individual parties, differentiating the Recipient versus proposed sub-awarded implementer(s), if any. The Applicant should also indicate its strategy to retain Key Personnel throughout the life of the activity (especially the Chief of Party), as well as its contingency plan in the event any of the Key Personnel leaves the activity.

As part of the management approach narrative, the Applicant should respond to the following critical questions:

- ***Leadership and partnership***

How would the Applicant utilize its leadership to efficiently implement the SPOTLIGHT Activity as outlined in the project description? How would the Applicant build a partnership with the Government of Haiti and MSPP to ensure buy-in and increase MSPP ownership towards project

activities over the life of the award, to advance the GOH and USG's shared goal of supporting partnerships with Haitian led organizations that will work in Haiti well beyond the life of USG assistance?

- ***Establish Sustainable Partnerships***

How would the Applicant demonstrate its ability to establish sustainable partnerships with focus on the set-up of partnerships with local organizations and other stakeholders for constructive working relationships that maximize project output and leverage resources to contribute to project objectives?

- ***Identify key challenges and discuss possible interventions***

What viable measures would the Applicant institute to ensure that key challenges are identified and effectively managed especially in light of social and political sensitivities?

- ***Approach to innovation and learning***

How would the Applicant demonstrate its capacity to implement innovative approaches, efficiently and effectively throughout Haiti, using effective approaches previously implemented in Haiti, and through adapting proven approaches from other countries and settings, and by leveraging government, civil society and/or private sector capacity?

5.4.1 Key Personnel (maximum 1 page)

Key personnel are those individuals whose performance is critical to the success of the SPOTLIGHT Activity as proposed in the program description.

Given the complexity of this Activity, USAID/Haiti expects these key personnel to have the appropriate qualifications and experience to work as a team to manage a complex activity, specifically the ability to deliver quality health care to support vulnerable Haitians living with and affected by HIV/AIDS and their communities and families disproportionately affected by this disease. The SPOTLIGHT Activity is expected to draw upon staff with significant local experience and who deeply understand that a lack of prevention services, timely diagnosis, care and treatment, and overall poor infection control among vulnerable populations creates a risk that broadly affects communities in which they live and their family members. The Applicant's Key Personnel narrative statement should demonstrate its clear understanding of the connection between its proposed key personnel and the expected successes and outcomes for the Activity, which includes confirming their intention to serve in the stated position immediately upon award and his/her availability to serve for the term of the award.

The Applicant may choose up to five (5) key personnel based on the needs of the proposed program description and provide descriptions and qualifications of each position that it believes are necessary for the successful implementation of the activity. The Applicant must propose individuals that they deem appropriate for the duties and responsibilities of each position, with requisite skills, knowledge, and experience. The following are examples of key personnel.

- Chief of Party (COP):
- Technical Specialist - HIV Care and Treatment

- Technical Specialist - Capacity Building and Curriculum Development
- Finance and Administration Manager

5.5 History of Performance (maximum 2 pages)

The Applicant will be subject to a history of performance review for demonstrated successful performance in previous and/or existing projects. Information on history of performance should be provided and should relate to the specific technical nature of the SPOTLIGHT Activity and the operational context in Haiti. The Applicant should demonstrate experience and success in implementing comparable activities in terms of scope, magnitude, and complexity in Haiti. The Applicant should describe lessons-learned during these past experiences and how these lessons-learned informed their proposed technical approach. Additionally, if sub-awardee(s) are proposed, this same information should be provided related to their past experiences. The Applicant is strongly encouraged to provide examples of significant impact of their past projects.

6. Business (Cost) Application Format

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

Prior to award, applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the applicant's risk in accordance with 2 CFR 200.205. Applicants should not submit any additional information with their initial application.

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

a) Cover Page (See Section D.3 above for requirements)

b) SF 424 Form(s)

The applicant must sign and submit the cost application using the SF-424 series. Standard Forms can be accessed electronically at www.grants.gov or using the following links:

Instructions for SF-424	http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html
Application for Federal Assistance (SF-424)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424A	http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html
Budget Information (SF-424A)	https://www.grants.gov/web/grants/forms/sf-424-family.html

Instructions for SF-424B	http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html
Assurances (SF-424B)	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.

c) 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" document found at http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf
(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).

Note: Effective August 13, 2020, recipients and subrecipients are prohibited from using grant funds, including **direct and indirect costs**, **program income**, and any **cost share**, for covered telecommunication equipment or services to:

(1) Procure or obtain, extend or renew a contract to procure or obtain;
(2) Enter into a contract (extend or renew a contract to procure); or
(3) Obtain the equipment, services or systems.

Additional information regarding this regulation and the prohibited companies can be found in ADS 303.3.35.2 "Covered Telecommunication and Video Surveillance Equipment or Services."

d) 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. This should be in enough detail to determine each costs' allocability, allowability, and reasonability. No lump sum costs should be included and all costs should include a brief justification as to why they are needed in the budget narrative.

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

- ***Summary Budget***, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential sub-applicants for the entire period of the program. See Section H, Annex 3 for Summary Budget Template.
- ***Detailed Budget***, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the applicant's program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
- ***Detailed Budgets for each sub-recipient***, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

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

1) Salaries and Allowances – Must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services. The applicant's budget must include position title, salary rate, level of effort, and salary escalation factors for each position. Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative. The Budget Narrative must demonstrate that the proposed compensation is reasonable for the services rendered and consistent with what is paid for similar work in other activities of the applicant. Applicants must provide their established written policies on personnel compensation. If the applicant's written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and supporting market research.

2) Fringe Benefits – (if applicable) If the applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant must use such rate and provide evidence of its approval. If an applicant does not have a fringe benefit rate approved, the applicant must propose a rate and explain how the applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

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

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

any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.

5) Subawards – Specify the budget for the portion of the program to be passed through to any subrecipients. See 2 CFR 200.330 for assistance in determining whether the sub-tier entity is a subrecipient or contractor. The subrecipient budgets must align with the same requirements as the applicant's budget, including those related to fringe and indirect costs.

6) Construction – If applicable

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

8) Indirect Costs – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. In order to better understand indirect costs please see Subpart E of 2 CFR 200.414. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most commonly used Indirect Cost Rate methods:

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

Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)
Eligibility: Any applicant with a NICRA issued by a USG Agency must use that NICRA
Initial Application Requirements: If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Additionally, at the Agency's discretion, a provisional rate may be set forth in the award subject to audit and finalization. See USAID's Indirect Cost Rate Guide for Non Profit Organizations for further guidance.

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)
Eligibility: Any applicant that has never received a NICRA
Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200.414(f) for further information.

Method 4 - Indirect Costs Charged as A Fixed Amount

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

- Total costs incurred by the organization for the previous fiscal year and estimates for the current year. Guidance *to AO: If the indirect costs are expected to be minimal or easily attributed to performance of a USAID agreement, the AO should delete this first bullet.*
- Indirect costs (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year
- Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.

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

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

e) 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.

f) 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
- DUNS Number
- 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 200.331(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

g) Dun and Bradstreet and SAM Requirements

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier (DUNS number) and System for Award Management (SAM) requirements. Each applicant (unless the applicant is an individual or Federal awarding agency that is exempted from requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) is required to:

1. Provide a valid DUNS number for the applicant and all proposed sub-recipients;
2. Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient (www.sam.gov);
3. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

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

DUNS number: http://fedgov.dnb.com/webform
SAM registration: http://www.sam.gov

Non-U.S. applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video on how to obtain an NCAGE code, on www.sam.gov, navigate to Help, then to International Registrants.

h) 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 3 years as follows:

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

If the applicant encountered problems on any of the referenced Awards, it may provide a short explanation and the corrective action taken. The applicant should not provide general information on its performance. USAID reserves the right to obtain relevant information concerning an applicant's history of performance from any sources and may consider such information in its review of the applicant's risk. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

i) Branding Strategy & Marking Plan

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

Branding Strategy – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.

b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Branding Strategy must include, at a minimum, all of the following:

(1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.

(2) The intended name of the program, project, or activity.

(i) USAID requires the applicant to use the "USAID Identity, "comprised of the USAID logo and brandmark, with the tagline "from the American people" as found on the USAID Web site athttp://www.usaid.gov/branding, unless Section VI of the RFA or APS states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.

(ii) USAID prefers local language translations of the phrase "made possible by (or with) the generous support of the American People" next to the USAID Identity when acknowledging contributions.

(iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.

(v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

(3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.

(4) Planned communication or program materials used to explain or market the program to beneficiaries.

(i) Describe the main program message.

(ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.

(iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, "USAID is from the American People."

(iv) Provide any additional ideas to increase awareness that the American people support this project or program.

(5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.

(6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

e. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

f. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

(END OF PRE-AWARD TERM)

Marking Plan – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Marking Plan," detailing 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." The USAID Identity is the official marking for the Agency and is found on the USAID Web site at http://www.usaid.gov/branding. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Marking Plan must include all of the following:

(1) A description of the public communications, commodities, and program materials that the applicant plans to produce, and which will bear the USAID Identity as part of the award, including:

(i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;

(ii) Technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Websites/Internet activities, promotional, informational, media, or communications products funded by USAID;

(iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and

(iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.

(2) A table on the program deliverables with the following details:

(i) The program deliverables that the applicant plans to mark with the USAID Identity;

(ii) The type of marking and what materials the applicant will use to mark the program deliverables.

(iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;

(iv) What program deliverables the applicant does not plan to mark with the USAID Identity, and

(v) The rationale for not marking program deliverables.

(3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is

presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.

(iii) Undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.

(iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.

(v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.

(vi) Offend local cultural or social norms or be considered inappropriate. The applicant must identify the relevant norm and explain why marking would violate that norm or otherwise be inappropriate.

(vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

(END OF PRE-AWARD TERM)

j) Funding Restrictions

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.330 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.

Effective August 13, 2020, recipients as well as their sub-recipients (if applicable) must comply with Section 889 of the National Defense Authorization Act (NDAA) regarding Covered Telecommunication equipment or services. Additional information regarding this regulation can be found in ADS 303.3.35.2 "Covered Telecommunication and Video Surveillance Equipment or Services".

k) Conscience Clause

CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – PRE-AWARD TERM (February 2012)

(a) An organization, including a faith-based organization, that is otherwise eligible to 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 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.

(END OF PRE-AWARD TERM)

l) Conflict of Interest Pre-Award Term

CONFLICT OF INTEREST PRE-AWARD TERM (August 2018)

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 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 PRE-AWARD TERM)

m) Additional Information

Applicants should submit additional evidence of responsibility they deem necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.

2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant, non-governmental and governmental.
3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
4. Has a satisfactory record of integrity and business ethics; and,
5. Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g., EEO).

[END OF SECTION D]

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SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

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

2. Review and Selection Process

a) Merit Review

General Information: The merit review criteria for this Cooperative Agreement are tailored to the requirements of this NOFO. The criteria serve to identify the main topics and materials the applicants should address and set the standard against which the applicants will be evaluated.

The applications must be well conceived, technically sound, and take into account the objectives and indicators identified in the Program Description, including any concerns or problems presented therein. The applications must also provide evidence of a high degree of planning that demonstrate clearly how the objectives will be accomplished as required and on schedule--utilizing all available resources. Any interventions proposed should demonstrate lessons learned from previous work, if applicable. The application must contain sufficient detail of the conceptual approach, methodology, and techniques for the implementation and evaluation of project activities.

Review and Selection Process: Merit Review

USAID will conduct a merit review of all applications received that comply with the instructions in this NOFO. Applications will be reviewed and evaluated in accordance with the following evaluation criteria.

All of the evaluation criteria are of equal importance.

1. Evaluation Criteria

1.1 Technical Approach

The technical approach will be evaluated based on:

a. The extent to which the applicant proposes a technical approach that includes comprehensive innovative approaches (e.g. gender transformative, non-stigmatizing approaches, etc.) to improve provider capacity to attract clients, retain patients in care who adhere to treatment, and strengthen patient/provider trust;

b. The extent to which the applicant provides a clear and concise implementation plan of how Technical Assistance will be provided to the MOH/PNLS and other PEPFAR implementing partners, professional organizations, and associations; and

c. The extent to which the approach builds and advances Haitian self-reliance including strong partnerships with local institutions.

1.2 Management Approach and Staffing Plan, including Key Personnel

The staffing plan and management approach will be evaluated based on:

a. The quality of the management plan and staffing plan is consistent with the activity approach which includes key personnel's capacity to help support attainment of epidemic control results and reinforce HIV services and government planning to improve health outcomes within Haiti.

1.3 History of Performance

USAID/Haiti will assess the degree of relevance, breadth, and recency of the Applicant's experience and the demonstrated success and quality of the Applicant's past performance in determining whether the Applicant has the experience and capability to perform the activity.

Note: The Applicant's past performance will be evaluated on the basis of information contained in the application and the information that the USAID/Haiti obtains through other means.

b) Business Review

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

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

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 200.205). 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 200.207).

[END OF SECTION E]

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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 US organizations: ADS 303, 2 CFR 700, 2 CFR 200, and Standard Provisions for U.S. Non-governmental organizations.

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

See Annex 4, for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

3. Reporting Requirements

3.1.1 Financial Reporting:

- The recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (http: //www.dpm.psc.). The recipient must submit a copy of the FFR at the same time to the Agreement Officer and the Agreement Officer's Representative (AOR).

- The recipient must submit the original and two copies of all final financial reports to USAID/Washington, M/CFO/CMP-LOC Unit, the Agreement Officer, and the AOR. The recipient must submit an electronic version of the final Federal Financial Form (SF-425) to U.S. Department of Health and Human Services in accordance with paragraph (a) above.

- On a quarterly basis, the AOR may require additional information related to financial accruals and pipeline of funds. This information will help to ensure that the activity has adequate pipeline to conduct its programs. These reports/forms will be submitted when requested within 30 calendar days from the end of each quarter. In addition to this, Awardee will submit accruals reports to the AOR 15 days before the end of each quarter; and must contain at a minimum the following information:

    - Total funds obligated to date by USAID into the award
    - Total funds expended to date, including a breakdown of the budget

categories with additional detail to be provided upon request by the COR.
- Pipeline (obligated funds minus expended funds)
- Funds and time remaining in the award

3.2 Performance Reporting

The successful Applicant must submit a copy of quarterly, annual, and final performance reports to the AOR in accordance with 2 CFR 200.328. The successful Applicant may also be required to submit other ad hoc reports as requested by USAID and/or the Office of the Global AIDS Coordinator (OGAC).

Annual Implementation Plan: The Applicant should include a draft first year Implementation Plan, which displays expected activities per month to achieve the annual performance targets, as specified in the MEL Plan (below). The Implementation Plan will describe activities to be conducted at a greater level of detail than in the Program Description but should cross-reference the applicable sections in the Program Description. The Plan should provide detail on the first three (3) months of performance to demonstrate the Applicant's plan for transition from the current implementing partner.

The Recipient must submit a final Annual Implementation Plan within thirty (30) days of the award date. The Recipient will work with the AOR throughout the Annual Implementation Plan development process to ensure the Annual Implementation Plan appropriately reflects activity objectives and the program description. The Annual Implementation Plan must detail the work to be accomplished during the upcoming year.

The due date for draft Annual Implementation Plans for subsequent years will be no later than May 1st, and final Annual Implementation Plans will be due no later than September 30th.

Annual Implementation Plans should include all sections described in the initial implementation plan. In addition, the subsequent annual implementation plans shall review the activities of the year that is ending, the activities that were implemented, the results achieved, and any problems that existed and how they were resolved. These subsequent annual plans should propose program adjustments to reflect any lessons learned. As with the initial implementation plan, the AOR will review the plan and provide comments and recommendations to be incorporated into the final version submitted to the AOR for approval. In addition, all substantial changes in the Annual Implementation Plan require prior written approval of the AOR.

Monitoring, Evaluation and Learning (MEL) Plan: The applicant should include a draft MEL Plan with expected performance targets as an annex to the application.

The Recipient will submit its detailed MEL Plan for the life of the program within ninety (90) days of the award. This plan should be updated annually and submitted to USAID for approval thirty (30) days prior to the beginning of each fiscal year. The AOR will review and approve the MEL Plan. The AOR will request any modifications required. The MEL Plan will include a robust set of indicators and targets to measure both short- and medium-term outcomes and

long-term impacts. It will also describe relevant data collection and assessment procedures and quality control mechanisms. The plan will describe how relevant data and analysis will inform adaptive management of the program.

The MEL Plan is a living document. The Recipient is expected to recommend and make revisions to the MEL Plan in response to changing conditions and emerging lessons in consultation with the AOR

High Frequency Technical Data Reporting: Though SPOTLIGHT is not expected to report on the traditional High Frequency Reporting (HFR) indicators, update on the activities and progress toward the benchmark listed below must be reported on a monthly basis:

Indicators	**Benchmark**	**Code**
Number (and %) of training materials/standard operating procedures developed and approved by the PNLS (MOH)	95% of the expected training materials/standard operating procedures to be submitted to the PNLS (MOH) for approval	SDM_Curriculum
Number (and %) of providers trained in high LFTU regions on HIV sensitivity training and compassionate clinical HIV education modules	95% of providers in high LTFU regions should be receive HIV sensitivity training and compassionate clinical HIV education	SDM_In_train
Number (and %) of sites reporting finding from suggestion box in High LTFU regions	95% of sites in High LTFU should report findings from suggestions box.	QualCare

Gender and Social Inclusion Strategy (GSIS): The Recipient will submit a Gender and Social Inclusion Strategies (GSIS) within thirty (30) days of the award date for all its anticipated activities. The GSIS complements the gender and social inclusion language that is normally found in the Annual Work Plans, Program Description and Technical Application. It gives Recipient the opportunity to explain further how their work under each components of the activity will promote gender equality, women's empowerment, and social inclusion.

The GSIS generally explains how it will support concretely the project to achieve its goals, analyses the context within which Recipient proposes to work, and identifies gaps in terms of gender and/or vulnerable populations. It covers staffing considerations, key stakeholders' engagement, and provides a breakdown of the activity component by component where under each component specific actions to be implemented related to gender and social inclusion are identified and described. The GSIS also identifies potential obstacles, risks, challenges and/or assumptions related to these issues and explores how the activity specifically plans to monitor and evaluate gender and social inclusion.

If a GSIS or gender-transformative components under the activity are not applicable, appropriate

Quarterly Performance Report: Within thirty (30) days after the end of each quarter, the Recipient must submit one (1) original and one (1) copy of a performance report to the AOR. The performance reports are required to be submitted quarterly and must contain the following: 1) quantitative and qualitative analysis of progress against objectives, results, and targets; 2) summary of key activities for next quarter; 3) status of progress in the implementation of the GSIS; 4) discussion of lessons learned, good practices, and success stories; 5) challenges outside scope of program that affect implementation; 6) summary table of indicators, targets, and results to date; and 7) financials for the quarter and projections for the next two (2) quarters. Furthermore, notification must be given in the case of problems, delays, or adverse conditions, which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken and any assistance needed to resolve the situation. Following receipt of the report, a "quarterly review" meeting with the AOR and other relevant Mission staff will be held to discuss results, challenges, and the way forward.

Annual Reports: Within ninety (90) days after the close of each award year, in accordance with 2 CFR 200.328(b), the Recipient must submit to the AOR an annual report, inclusive of the final quarter report, which reflects the progress of the program activities over the last year against the work plan/performance targets. The report should indicate the outputs and impact the program is having on the target beneficiaries. Annual and cumulative to date data should be included. Anecdotal stories and case studies, pictures and any other information that gives insight into the success of the program should be included.

Final Report: The final performance report is due ninety (90) days after the expiration or termination of the award in accordance with 2 CFR 200.328(b). The final report shall include an executive summary of the Recipient's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the Recipient's activities and attainment of results by country or region, as appropriate during the life of the Cooperative Agreement; an assessment of the progress made toward accomplishing the objective and expected results significance of these activities; important research findings, comments and recommendations, and a fiscal report that describes how the Recipient's funds were used. The report should also indicate the contextual opportunities remaining that could easily be harnessed to sustain the results of the program.

Closeout Plan: Ninety (90) days prior to the end of the Agreement, the Recipient shall submit a closeout plan to the AOR and the Acquisition and Assistance Office. The closeout plan shall include: brief program summary; brief program timeline; financial status report ; final Financial Status Report timeline; latest NICRA or indirect cost rates; anticipated balance of federal funds after expiration of the instrument; final inventory of residual non- expendable property, which was acquired or furnished under the instrument; program and activity end date; recipient responsibilities during phase out; Subawardees and/or partnership phase out; status of all program audit reports per the instrument's provisions; final audit report timeline; final report timeline; personnel phase-out timeline; personnel phase-out plan; and job descriptions for personnel anticipated to serve during the closeout phase.

4. Other Requirements

4.1 Branding & Marking Plan: The apparently successful applicant will be required to submit a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer within 30 days of the award. A Branding Implementation Strategy and Marking Plan must be in accordance with USAID Branding and Marking Plan as required per ADS 320 at the following link: http://www.usaid.gov/policy/ads/300/.

4.2 Development Experience Clearinghouse Requirements: The Recipient must submit quarterly, annual, and final performance reports to the AOR for clearance prior to submission to USAID'S Development Experience Clearinghouse in accordance with ADS 540.

4.3 Foreign Tax Reports: Foreign Tax Reports: Standard report will be issued for each Fiscal Year and delivered prior to April 16th of each year.

4.4 DevResults Haiti: Per ADS 203.3.3.1, the Mission has established and manages a web-based performance monitoring information management system called "DevResults Haiti," to which designated USAID Staff and all implementing partners are required to submit performance results each quarter. DevResults Haiti serves as a repository for all Mission-related performance indicators at the strategy, project, and activity/implementing mechanism (IM) levels. Indicator information includes, but may not be limited to, indicator definition, baseline values and time frames, targets and rationales for targets, and actual values. All USAID/Haiti implementing partners must assign a Point of Contact (POC) who will be responsible for ensuring that project information is entered into the DevResults Haiti reporting system. The POC shall be the partner's COP, DCOP, M&E Manager or other staff designated with performance reporting oversight.

Monitoring and evaluation data shall be directly entered into the system by Partners and then USAID A/CORs validate or reject the data. A/CORs will receive a notice (via email and in their DevResults Haiti in-box) once data is entered and submitted by Partners for review. The data in DevResults Haiti is dynamic and will be updated as baselines are measured, actuals are collected, and whenever changes are made to performance indicators. All changes are documented with a timestamp and name to ensure traceability. Indicator data, which may come from implementing partners as well as through primary data collection or secondary sources, must be entered regularly and directly into DevResults Haiti by implementing partners. Partner Users can login to DevResults Haiti from any computer (including non-USG computers), as it is a web-based system and not a program installed on a computer.

The below information is helpful in understanding the M&E track in DevResults Haiti:

- For every activity, partners are responsible for finalizing, in coordination with and approval by their A/COR, their M&E Plans in Word with indicators clearly defined and listed in an Excel table then load it into DevResults. After final approval of the M&E Plan, Partners will create their M&E plan in DevResults Haiti with assistance from USAID staff including M&E specialists and A/CORs using the indicators identified in

the approved M&E Plan. A/CORs and partners then report on indicator progress directly into the system;

- Indicators are coded in DevResults Haiti. All indicators are given a code and attached to the Mission's Results Framework. For example, a standard PPR indicator will be attached to the corresponding F Framework code; non-PPR Indicators must still be coded and attached to the Mission's Results Framework; Feed the Future (FtF) indicators will correspond to the FtF Framework code; etc.;

- A/COR validates data entered by partners.

DevResults Haiti can be accessed at the following website: https://ht.devresults.com/. Please refer to the DevResults Haiti Help Site http://help.devresults.com/home for detailed instructions and for more information. Please follow the link below for an instructional video overview of the Partner Reporting Process: http://www.youtube.com/watch?v=zR4qPldCCew.

4.5 USAID Requirement for Procurement of Personal Protective Equipment (PPE)/ "Covered Material"

Procurement of "Covered Material"

1. Except as provided in paragraph 2 below, and notwithstanding anything in this award to the contrary, no funds under this award may be used for the procurement of "Covered Material" as listed below without the prior written consent of the Agreement Officer. For purposes of this provision, "Covered Material" shall consist of the following:

- Surgical N95 Filtering Facepiece Respirators, including devices that are disposable half-face-piece non-powered air-purifying particulate respirators intended for use to cover the nose and mouth of the wearer to help reduce wearer exposure to pathogenic biological airborne particulates;
- PPE surgical masks, including masks that cover the user's nose and mouth and provide a physical barrier to fluids and particulate materials;
- PPE nitrile gloves, including those defined at 21 CFR 880.6250 (exam gloves) and 878.4460 (surgical gloves) and such nitrile gloves intended for the same purposes; and
- Level 3 and 4 Surgical Gowns and Surgical Isolation Gowns that meet all of the requirements in ANSI/AAMI PB70 and ASTM F2407-06 and are classified by Surgical Gown Barrier Performance based on AAMI PB70.

For clarity, non-medical grade masks, including cloth masks, are not included in the list of Covered Material above. Further, USAID may modify the list of Covered Material from

time-to-time, in writing; any such changes to the list shall apply prospectively.

2. The restrictions set forth in paragraph 1 above shall not apply to the procurement of Covered Material:

(a) for the protection of and use by the recipient's or sub-recipient's staff; or

(b) for the safe and effective continuity of USAID-funded programs, including for the protection of beneficiaries, provided that such items are manufactured locally or in the same geographical region as the country in which USAID is providing assistance, as defined by the U.S. Department of State's regional system (Africa, East Asia and the Pacific, Europe and Eurasia, Near East, South and Central Asia, and Western Hemisphere), and provided that such items are not, and could not reasonably be expected to be, meant for the United States market.

The AO may change the exemptions set forth in this paragraph in writing; any such changes shall apply prospectively.

3. "Staff" for the purposes of the Exception in 2(a) is defined as any individuals receiving financial compensation from the recipient or contractor or sub-recipient or subcontractor.

4. For each purchase of Covered Material under Exception 2(b), the recipient or contractor must provide the AO with contemporaneously dated documentation that the order of Covered Material is not meant for, and could not reasonably be meant for, the U.S. market. The AO/CO will then upload the statement into ASIST. This documentation can take the form of a simple email verification from a vendor or a brief, contemporaneously dated, written statement or e-mail from the recipient or contractor confirming its conversation with the vendor

4.6 Special Award Requirement

For U.S. Organizations

Special Award Requirement Relating to the Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (November 2020)

USAID has been granted a temporary waiver under Section 889(d)(2) that will allow the recipient to use award funds through September 30, 2022, to procure certain telecommunications and video surveillance services or equipment as specified in 2 CFR 200.216. Based on this waiver, all costs incurred for covered telecommunications and video surveillance services or equipment will be allowable through September 30, 2022, without regard to the cost principle at 2 CFR 200.471. Procurements made on or after October 1, 2022, will be unallowable in accordance with 2 CFR 200.471.

[End of Special Award Requirement]

For Non-U.S. Organizations

Special Award Requirement Relating to the Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (November 2020)

USAID has been granted a temporary waiver under Section 889(d)(2) that will allow the recipient to use award funds through September 30, 2022, to procure certain telecommunications and video surveillance services or equipment as specified in the standard provision "Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (AUGUST 2020)." Based on this waiver, all costs incurred for covered telecommunications and video surveillance services or equipment will be allowable through September 30, 2022, without regard to the standard provision "Allowable Costs" and the cost principle at 2 CFR 200.471. Procurements made on or after October 1, 2022, will be unallowable in accordance with the standard provision "Allowable Costs" and 2 CFR 200.471.

[End of Special Award Requirement]

[END OF SECTION F]

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

The Point of Contact for questions is Sandra Ricot. Questions should be submitted via email to sricot@usaid.gov, with a copy to Edel Perez at eperez@usaid.gov and usaidhaitioaa@usaid.gov by the deadline listed on the cover page of this NOFO.

[END OF SECTION G]

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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, used, or disclosed – 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]

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ANNEX 1 – SPOTLIGHT RESULTS FRAMEWORK

SPOTLIGHT

Activity goal: Improve the quality of HIV services through a patient-centered service delivery approach.

IR 1: Improved provider capacity to attract and retain patients in care and strengthened patient/providers trust	**IR 2: Technical assistance provided to PNLS, other MOH/Directorates, PEPFAR implementing partners, and socio-professional organizations and associations**
IR 1.1: Enhanced providers positive attitude towards PLHIV and Key Populations	**IR 2.1:** Support MSPP/PNLS in developing and validating policies focusing on HIV providers competencies as it relates to patient-provider relationships.
IR 1.2: Increased provider/patient shared decision making process	**IR 2.2:** Advocacy efforts completed to improve HIV providers, medical and nursing students curriculum on provider/patient relationship are implemented.

BACKGROUND:

CHANGING PROVIDERS' ATTITUDE AND PROMOTING SOCIAL MEDICINE

New partner identified to provide technical assistance to the Government of Haiti/National HIV /AIDS Program (PNLS), professional medical associations and clinical providers to improve the quality of services provided through a robust focus on client-centered service delivery. The implementing partner (IP) will work directly with providers to impact and change current attitudes for a more client/patient-oriented approach.

This activity will focus on engaging patients so that they understand their rights as well as what quality care should be. The implementing partner must have the capacity to work with health care providers on service delivery; have an awareness of social medicine within a Haitian and development community context; and have access to schools of medicine, and other training sites for health care providers.

Partner will engage the PNLS and technical assistance (TA) partners as an end product should result in an enabling environment which would include protocols and policy, and potentially criteria for certifying staff and facilities to impact the country at large vis a vis provider attitudes. The IP would develop training materials, and associated tools and guidelines/checklists for providers. Training on patient-centered care and technical assistance will be provided at service delivery points and other locations. The IP will initially convene providers working in our highest lost-to-follow-up areas and begin to work with them to impact the attitudes and responsiveness of the providers.

The implementing partner will also work with the community to understand what quality care is and how to request quality services. They will establish small community watch groups, as well as develop tools to be implemented at the facility, service sites in the community or mobile clinics to monitor quality of services and identify areas for improvement and/or success.

This activity will involve convening government, CSOs, community stakeholders, providers and patients in dialogues at differing levels but more importantly to monitor the implementation of services and assure quality patient focused services are being provided. Facilities demonstrating high-quality, patient-centered care will be periodically recognized and provided incentives/awards as appropriate. An outcome can include certification of providers, facilities and sites where healthcare is provided. An established National Observatory Board, under the leadership of UNAIDS and other Civil Organizations, will regularly review activities of SPOTLIGHT and other USG-funded HIV activities and suggest strategic re-orientations and recommendations as needed to the PEPFAR team.

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ANNEX 2 - GENDER ANALYSIS

Activity Name: SPOTLIGHT: A Social Medicine, HIV Provider Stigma and Bias

Prevention Project (SPOTLIGHT) Activity, a project to improve the quality of HIV services delivered by HIV provider teams nationwide at fixed facilities through a patient-centered service delivery approach.

Project purpose: to leverage and strengthen HIV provider team capacity to attract and retain patients in care, improve and nurture patient/provider trust and strengthen the quality and the HIV competencies incorporated into HIV health professional pre-service and in-service training curriculum through technical assistance. SPOTLIGHT is a twelve-month activity that will lead to the development of materials and approaches to be rolled out by the GOH HIV/AIDS National Program (PNLS).

Introduction

Health service delivery plays an essential role in the health and well-being of individuals, households, communities, and national populations. For decades, Haiti has experienced social and political instability that has severely hampered the country's development in the health sectors. Slightly smaller than the US State of Maryland, Haiti has 27,560 sq. km. of land, a population of 10,485,800 (2016 estimate), and is one of the poorest nations in the Western Hemisphere and in the Latin America and the Caribbean (LAC) region. Haiti's GDP per capita (PPP) is $1,800 (2016 estimate), and more than half of Haiti's population lives below the poverty line. The situation was exacerbated by the devastating 7.0 magnitude earthquake in January 2010 that claimed an estimated 300,000 lives and left thousands wounded and orphaned.

Additionally, in the aftermath of the January 2010 earthquake, Haiti was hit by a cholera outbreak in October of the same year, facilitated by a weak water, sanitation and hygiene (WASH) sector. A cumulative number of 794,683 people have been affected by cholera and over 9,300 have died since the onset of the epidemic (UNICEF and MSPP, October 2016). More recently, the southern peninsula of Haiti was devastated by Hurricane Matthew, a category 4 hurricane that damaged health infrastructure and homes, and that has affected an estimated two million people. There is concern that the devastation of Hurricane Matthew may set back real growth and cause health indicators to regress, especially given the increased food insecurity in the wake of the storm. Finally, and more recently, in February 2019, the civil unrest caused by the opposition party's Operation Pays Lock, an attempt to force President Juvenel Moise from office, further destroyed infrastructure and destabilized the country.

The **SPOTLIGHT** Activity will advance the Government of Haiti (GOH) and U.S. Government's (USG's) shared goal of supporting partnerships with Haitian-led organizations that will work in Haiti well beyond the life of USG assistance. A suitably effective entity will be identified as having the technical capacity to provide and continue technical assistance locally.

Background

For decades, Haiti has experienced social and political instability that has severely hampered the country's development in all sectors. As one of the poorest nations in the Western hemisphere, Haiti's per capita gross domestic product (GDP) is $1,179, notably below the average of $10,739 in Latin America and the Caribbean (LAC).

The devastating earthquake in January 2010 left thousands wounded and orphaned. The Government of Haiti (GOH) and its international partners, including the U.S. Government (USG), have undertaken significant efforts to build, and in some cases rebuild, the country's infrastructure, systems, and processes post-earthquake. In addition, in October 2016, the southern peninsula of Haiti was devastated by Hurricane Matthew, a category 4 hurricane that damaged health infrastructure and homes and has affected an estimated two million people. There is concern that the devastation of Hurricane Matthew may set back real growth and cause health indicators to backslide. Finally, and more recently, in February 2019, the civil unrest caused by the opposition party's Operation Pays Lock, an attempt to force President Juvenel Moise from office, further destroyed infrastructure and destabilized the country.

Haiti has a concentrated epidemic, with an estimated national HIV prevalence of 2.0% (age 15-49) with higher prevalence in major cities and among men who have sex with men (MSM), female sex workers (FSWs), many of whom are mobile population. Key drivers of new infections include transactional commercial sexual activities, multiple concurrent partners, gender-based violence (GBV) and poverty, which contribute to risky behaviors and HIV transmission. Overall HIV prevalence remains stable, suggesting progress has been made on delivering life-saving antiretroviral treatment (ART).[7] Testing and counseling has become more efficient and there are significant increases in the numbers of clients on treatment. In terms of attaining MSPP's HIV outcomes, (95-95-95 goals) presently 75% of Haitians know their HIV status, 80% of people living with HIV (PLHIV) are on treatment and the linkage to care of new HIV positive patients has improved from 87% in FY17 to 89% in FY 18.[8] PEPFAR/Haiti has also supported the scale-up of viral load testing and monitoring from 73% in FY18 to 76% in FY19.

A 2017 Study in Haiti on the burden, stigma and discrimination towards PLHIV and minority groups found that stigma is pervasive among the general public.[9] PLHIV are widely believed to be contagious and 75% of the Haitian public opposed the entry of homosexuals in the country. Seventy-nine percent (79%) wanted to prohibit the entry of anyone involved in sex work into the country. Seventy one percent (71%) of the population said that they hate homosexuals. Stigma continues to undermine primary and secondary prevention of HIV and deters clients from being tested or taking the medical treatment regimes recommended. There have been relatively few studies in Haiti, however, on the social dynamics of HIV stigma. One early study that looked at TB stigma for Haitian migrants in Florida and in Leogane, Haiti, found that patients with a TB diagnosis were equated with being poor, sick or unable to work. Many Haitians in Leogane believe that an HIV diagnosis is synonymous with death and that there is some other cultural

[7] Haiti Country Operational Plan page 6, June 2019
[8] Ibid, page 7
[9] Burden of Stigma and Discrimination towards PLHIV and Minority Groups in Haiti 2017, a Power Point Presentation from the 2016/2017 Demographic and Health Survey and the 2017 stigma and discrimination poll among Haitian adults.

cause for the disease, hence little impetus to seek medical care. Similarly, there are persistent cultural beliefs in Haiti about how AIDS is contracted.[10] Extensive education at multiple levels and entry points with the health system and among peers and community groups is needed to dispel fears and rumors about AIDS and to promote treatment as the key to a productive life.

Patient advocacy groups that have helped to inform this design have reported that patients across the country have serious complaints about the lack of compassionate treatment, and persistent feelings of isolation both within the clinical settings and their communities and at workplaces.[11]

The negative attitudes and behaviors of practitioners have been linked to a variety of clinical outcomes in different patient groups. The prevalence of stigma among health care providers towards PLHIV is well-documented in the HIV public health literature, and curricula exists to build empathy and compassion in physicians.[12]

Anecdotal information by implementing partners and FSW and MSM peer support groups has noted that stigma in relation to HIV is typically characterized by social disqualification, whereby individuals or groups are devalued and excluded from participating in social activities. For example, customers of market women will refuse to buy products from someone known to be HIV positive. The stigma experienced by PLHIV and key populations (KP) is unique as individuals may be perceived as having engaged in risky sexual behavior outside of the norms of traditional Haitian values and traditions. Survivors of GBV may often be blamed for having enticed unwanted sexual advances and discounted when they are sexually assaulted. As in many cultures sexual assault is considered a hidden taboo. PLHIV are reported to be held responsible and often blamed for getting HIV, and KPs including female and male sex workers and men who have sex with men (MSMs) are held with a low level of regard that may lead to suboptimal clinical outcomes. This in turn has resulted in barriers to seeking care and adhering to the treatment plan.

When providers fail to recognize and combat HIV and gender-related stigma in their ranks, undiagnosed persons with HIV may go unidentified and fail to get quality care and treatment. Providers may also place a value judgement on patient eligibility for treatment, believing for example, that some patients, such as mobile populations, will not adhere to treatment at a particular health facility and therefore do not prescribe the optimal treatment regimen for them. Providers in Haiti, as elsewhere, fear acquiring HIV through occupational exposure, which may also lead to emotional and physical distance from patients perceived to be HIV positive.[13] This factor has been shown in the global HIV/AIDS literature to lead to refusal of care and overall

[10] Abrams, Jasmine, Preventing HIV/AIDS by Building Capacity to Recue Stigma among Providers for Pregnant Women in Rural Haiti, Center for Interdisciplinary Research on AIDS, FOGARTY International Center, Grant Abstract, 7/2018.

[11] July 2019 PEPFAR Accelerated Impact Planning Meeting with PLHIV Peer Groups

[12] Patel, Pelletier-Bul, Smith, M Roberts, Kilgannon, Treciak, and BRoberts, Curricula for empathy and compassion training in medical education: A systematic review, PLOS One, August 22, 2019.

[13] Ontario HIV Treatment Network, Interventions to reduce stigma among health care providers working with substance users, Rapid Response Service Note# 128, October 2018

discomfort between providers and patients.[14] Less stigmatizing attitudes by providers can help to reduce social and structural barriers to HIV care across the continuum.

In Haiti, gender, the amount of training that a facility has received for its HIV prevention and treatment program, the social class of clients, and the clinical setting, all affect stigmatizing tendencies. Stigma in Haiti as elsewhere is manifested through inadvertent behaviors and ideologies such as homophobia, transphobia, and negative views of persons who engage in transactional commercial sex. Patients are also often stigmatized because they are poor, or have a high number of sexual partners.

In Haiti, there is also structural stigma related to how HIV and TB services are publicized, organized and defined. Structural stigma related to issues such as lack of patient confidentiality can prevent patients from acknowledging their disease and following the rigid medication regimen required to be virally suppressed. Poor patient flow and limited confidential care space inhibit privacy and counseling. Failure to prevent gossiping about client medical histories and the lack of security surrounding confidential medical records are all issues that have deterred clients from seeking care. Some of these issues are being addressed in part by Haiti's electronic medical records, but addressing the compassionate human factor and enhancing emotional bonding between clients and providers is a necessary prerequisite for gaining client trust and promoting treatment adherence.

USAID/Haiti, through PEPFAR, is looking for new partners with technical expertise and previous experience coupled with innovative solutions to accelerate the progress toward HIV epidemic control. The **SPOTLIGHT** Activity will advance the Government of Haiti (GOH) and USG's shared goal of supporting partnerships with Haitian-led organizations that will work in Haiti well beyond the life of USG assistance.

Existing Gender Assessments

This analysis draws heavily upon several existing general and sector-specific gender analyses that have been conducted recently including USAID/Haiti's Gender Assessment in 2016, the PEPFAR Operational Plan (2016), Haiti's National Health Policy (La Politique Nationale de Santé) July 2012, and National Multisectorial Strategic Plan (Plan Stratégique National Multisectoriel 2012 - 2015 Revisé avec extension à 2018).

<u>Haiti-specific Conditions and Disparities Related to Gender and Social Inclusion</u>

As identified in the 2016 USAID/Haiti Gender Assessment, there are several main facets of the situation in Haiti that have major implications for socially inclusive programming:

- The healthcare system has a large for-profit portion which is very expensive relative to local incomes; state- and NGO-sponsored healthcare services are generally inadequate to the needs of the population, especially the poor. Women and persons with disabilities are two groups that generally have lower than average incomes.

[14] Kidd, Prasad, Tajuddin, Ginni, Duvvury, Reducing HIV Stigma and Gender-Based Violence: A Toolkit for Health are Providers in India, International Center for Research on Women (ICRW) 2005.

- The lack of services and facilities means that in rural areas populations are served by health care workers with less formal education and individuals must often travel long-distances to access doctors or specialized care. These conditions can aggravate the hazards to individuals of gender-based violence or further impede beneficiaries' ability to physically access services.
- Information about healthcare need is lacking in many fundamental areas which exacerbates the difficulties of efficient targeting of resources or inclusion of marginalized populations. For example, Haiti has not had a national census since 2003 and no demographic data exists on the number of persons with disabilities in the country.

Formal statutory laws and official policies regarding gender and social inclusion in Haiti are not well-developed. There is not generally explicit gender bias in these documents and the language is usually gender-neutral. Many relevant documents contain only a passing or vague reference to prominent gender issues such as GBV. One exception would be the Ministry of Health's *Plan Stratégique National Multisectoriel 2012-2018* which addresses GBV substantively and lays out plans for reducing gender inequalities related to the delivery of health services. Otherwise, implementation of laws and policies is weak and often duties are assigned to Ministries or other organs of state that do not possess the resources or capacity to carry out their mandates.

Further, abortion is statutorily prohibited in Haiti, however, the practice is not uncommon and penalties against medical practitioners or recipients are almost unheard of.

Areas of Analysis

1. **Laws, Policies, Regulations, and Institutional Context**

The Government of Haiti has made great strides in creating the legislative framework to advance gender equality which now requires support to ensure legislation is effectively implemented. In recent years, an ambitious gender policy and legal framework has been put into place focusing on gender equality and women's empowerment (GEWE). Women's political participation is enshrined in the 1987 Constitution, which establishes a minimum 30 percent (30%) gender quota at all levels of national life. The 2015 Electoral Decree includes a 30 percent (30%) mandatory gender quota in the composition of local councils and in political parties' candidates' lists for all elections. Annexed is a table from the Gender Assessment that provides a summary of health-related policies and pieces of legislation, in relation to GEWE. The National Plan to Combat Violence Against Women and Girls is currently being revised by the Concertation Nationale to be extended to 2020. A separate GBV law has been drafted and is a promising step towards harmonizing the policy framework for GBV prevention and service provision across the country. Generally, reference to gender equality, and differing prevention and service provision needs, is not systematically included in key documents, including the bedrock 2012 National Health Policy.

2. **Cultural Norms and Beliefs**

Sociocultural norms, along with other overlapping factors intersect to create strongly gendered norms and beliefs on the roles of men and women in Haitian society. Traditional beliefs that women and girls are responsible for domestic activities limit their time and mobility for

educational and civic activities, reducing their access to information and resources. Additionally, cultural beliefs about the roles of men and women segregate them in economic and civic activities, and place greater value on the tasks that men undertake. This undervaluing of women's roles and contributions leads to their exclusion from decision making in both the household and the community. When women's priorities are not considered in decision-making, they continue to go unsupported by services, they may be restricted from accessing resources needed for the household, and the benefit of their particular insights into resource management is lost. Divisions along class and politics also often manifest in gendered norms and beliefs. Additionally, especially vulnerable populations, such as LGBTI individuals in Haiti, are often stigmatized to the point of having difficulty in accessing basic services such as healthcare.

3. Gender Roles, Responsibilities and Time Use

Gender roles speak to a broader positioning of men and women in society, within which the responsibilities of both play out on a daily basis. Though women represent more than half of the Haitian population and play a central role in Haitian society (they are often referred to as the poto mitan or, the central pillar), women in Haiti do not currently have consistent access to, or maintain positions of power. Haitian women undertake the majority of care responsibilities for children, the elderly and the sick. In addition, women spend more of their time on domestic duties than do men. These are well entrenched and accepted gender roles, and **SPOTLIGHT** interventions will have to consider how to alleviate some of the burden on women, engage men more in care activities, and protect women from exploitation in this field of care.

There is a trend toward transactional sex in Haiti, where older men and women are abusing young boys and girls by offering to meet economic needs in exchange for sex. Transactional sex occurs in both poor and middle income households. Middle income youth are enticed into this particularly by social pressure for material items that demonstrate status. Similarly, young people are coerced into providing sexual favors for teachers and employers – believing they have no other option for advancing.

4. Access to and Control over Assets and Resources

Seven years after the devastating earthquake, the economic situation of women and other vulnerable populations remains especially precarious: 75 percent (75%) of women work in the informal sector, while representing only 30 percent (30%) in the formal private, public and agricultural sectors.[15] Women in Haiti earn on average 32 percent (32%) less than men and the unemployment rate is twice as high for women compared to men.[16] This disparity is even greater in rural areas, where women are almost three times more likely to be unemployed than men and to work in subsistence-level farming.

5. Patterns of Power and Decision Making

[15] USIP: Peace Brief Haitian Women: The Centerposts of Reconstructing Haiti. January 2012. https://www.ciaonet.org/attachments/19677/uploads

[16] World Bank and Observatoire National de la Pauvreté et de l'Exclusion Sociale (ONPES). 2014. Investing in People to Fight Poverty in Haiti, Reflections for Evidence-based Policy Making. Washington, DC: World Bank.

Women represent more than half of the Haitian population but do not currently have consistent access to, and/or maintain, positions of power.[17] Positions traditionally understood to hold great weight in society, such as politicians, spiritual leaders, and school leaders are primarily held by men.[18] With respect to informal structures, the 2012 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-V) survey demonstrates that Haitian women enjoy relative agency and mobility within their households and communities; they make many of the household decisions about small expenses, which foods to purchase and prepare, and what their children eat. Seventy-three percent (73%) of the currently married women participate in decisions about their own health care, and 78 percent (78%) have sole or joint decision-making power for major household purchases.

Recommendations and opportunities for Mission Consideration

- Ensure implementers document any consultation process demonstrating the inclusion of women and vulnerable groups, including orphans and people living with HIV.
- Men's buy-in will be important for any specific activities aimed at women and youth. Any activities designed specifically to empower or enable women and/or youth may create challenges to traditional power structures, especially those controlled by older men. Therefore, SPOTLIGHT must work to understand, and to the extent possible, work through existing power structures to demonstrate benefits for and ensure buy-in from the entire community.
- Age and Sex disaggregated data should be collected in monitoring. At a minimum, all indicators where individuals are counted should be age and sex disaggregated. Whenever possible, SPOTLIGHT should also seek to monitor the cooperative agreement's impact on improving gender outcomes.
- The findings of this analysis should be incorporated into any implementation plans, including the work plan utilized by the implementing partner, so that gender issues can be front of mind. In addition, during implementation of the work plan, the implementing partner shall design appropriate interventions that are gender-responsive and that address gender equitable considerations, consistent with the findings of the gender analysis, which will be shared with the implementer. If the scope of any planned activities changes significantly, an update to this analysis is recommended, with a concurrent update to the agreement. This analysis may be annexed (minus procurement sensitive information) to the relevant procurement documents so that applicants can respond accordingly in their applications. Once the agreement moves to implementation, recommendations should be reviewed again. Specifically, it is recommended that the Notice of Funding Opportunity (NOFO) require the implementing partner to conduct a gender analysis as part of baseline activities and then integrate those findings into their implementation plan.

[17] Marie, G.O. Jean Baptiste et Bonny Jean Baptiste, Femmes et Pouvoirs: Enjeux pour un Véritable Développement d'Haiti. Sept 2005.
[18] Northeastern University. Haiti Net "Gender in Haiti". http://www.northeastern.edu/haitinet/gender-in-haiti/

Gender Analysis - Annex 1

Policy, Strategy or Action Plan	Address Gender Equality or Women's Empowerment?
National Health Policy (La Politique National de Santé) July 2012	Makes no mention of addressing gender equality/inequality. There is only one reference regarding how the MCFDF will contribute to taking full responsibility for everything related to "women's issues".
2012-2022 National Health Plan (Plan Directeur de Santé)[19]	The plan goes hand-in-hand with the National Health Policy and also includes very minimal reference to addressing gender equality, only mentioning the same reference to MCFDF's role. GBV is only mentioned briefly in a chapter that is dedicated to the "Fight against violence and accidents".
The 2013-2016 Strategic Plan on Reproductive Health and Family Planning (Plan Stratégique National de Santé de la Reproduction et Planification Familiale 2013-2016)[20]	This plan provides more intentional focus on supporting gender equality by addressing the special needs of women as related to family planning. However, it also includes several places where specific actions are outlined to integrate GBV into healthcare services. It includes mention of providing integral reproductive health care that is attended by qualified staff who have gender-sensitive competencies. It falls short in addressing how to involve men more systematically in taking shared responsibility for family planning and GBV as well.
Draft Law on the Prevention, Sanction and Elimination of Violence Against Women	The draft GBV law has not yet been submitted to the legislature. The law presents an opportunity to harmonize and bolster the policy framework for GBV in Haiti. The law speaks specifically to the responsibilities of the GOH to prevent and respond to GBV.
2012-2016 National Plan to Combat Violence Against Women and Girls	Although the MSPP is placed as co-author of the National Plan to Combat Violence Towards Women and Girls, implementation responsibility largely falls on the MCFDF. There is no 2016-2020 National Action Plan to Combat VAW under development.
National Strategic Plan on Youth and Adolescents (Plan Stratégique National Santé Jeunes et Adolescents 2014 – 2017)[21]	Overall, the document is written in gender neutral language based on the principle of universality, which is defined by MSPP as guaranteeing all persons living in Haiti easy access to all relevant healthcare irrespective of gender, social or religious affiliation, place of residence, etc. It refers only once to equality and violence against women.

[19]MSPP. Plan Directeur de Sante 2012-2022. 2012. http://mspp.gouv.ht .
[20] MSPP. Plan Stratégique National de Santé de la Reproduction et Planification Familiale 2013-2016. 2013. http://mspp.gouv.ht/site/downloads/plan percent20intermediaire percent20SR percent20vers percent20def percent20compressed.pdf
[21]MSPP. Plan Stratégique National Santé Jeunes et Adolescents, Connaître les jeunes pour mieux les servir. 2014 – 2017, http://mspp.gouv.ht

2013 National STI/HIV/AIDS Prevention Policy: Communication Strategy for HIV Prevention (Strategie de Communication pour la Prevention du VIH)	This policy includes no systematic reference to gender. Women are mentioned as a priority target population. However, target populations are fairly generic as they also include: men, youth 16-24, most at-risk people, and individuals with HIV.[22]
National Multisectorial Strategic Plan (Plan Strategique National Multisectoriel 2012-2015 Revisé avec extension a 2018)	This coordinating document for the MSPP's National STI, HIV, AIDS Prevention Program (Programme Nationale de Lutte Contre les IST-VIH- SIDA) includes language on gender equality and GBV throughout. Reducing gender inequality by 50 percent (50%) is a 2018 goal to be measured by non-stigmatization and non-discrimination attitude change of general population.[23]

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[22] MSPP. Stratégie de Communication pour la Prévention du VIH 2013. http://www.mspp.gouv.ht/site/downloads/Strategie percent20de%20communication%20pour%20la%20prevention percent20du percent20VIH.pdf
[23]MSPP. Plan Stratégique National Multisectoriel 2012-2015 Révisé avec Extension à 2018. http://mspp.gouv.ht/site/downloads/PSNM%202018.pdf

ANNEX 3 - SUMMARY BUDGET TEMPLATE

The template below illustrates the summary budget sample.

Cost Category	**Year 1**
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual	
Construction	
Program Activities	
Other Direct Costs	
Total Direct Charges	
Indirect Charges	
TOTALS	

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ANNEX 4 - STANDARD PROVISIONS

(Note: the full text of these provisions may be found at: https://www.usaid.gov/ads/policy/300/303maa and https://www.usaid.gov/ads/policy/300/303mab). The actual Standard Provisions included in the award will be dependent on the organization that is selected.

The award will include the latest Mandatory Provisions for either U.S. or non-U.S. Nongovernmental organizations**.** The award will also contain the following "required as applicable" Standard Provisions:

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

Required	Not Required	To Be Determined	Standard Provision
		√	RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (NOVEMBER 2020)
		√	RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (NOVEMBER 2020)
		√	RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (Profit) (DECEMBER 2014)
		√	RAA4. INDIRECT COST – DE MINIMIS RATE (NOVEMBER 2020)
		√	RAA5 EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
√			RAA6. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	√		RAA7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
	√		RAA8. CARE OF LABORATORY ANIMALS (MARCH 2004)
	√		RAA9. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)
√			RAA10. COST SHARING (MATCHING) (FEBRUARY 2012)
√			RAA11. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
		√	RAA12. INVESTMENT PROMOTION (NOVEMBER 2003)
√			RAA13. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2014)
√			RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
√			RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
√			RAA16. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
√			RAA17. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
√			RAA18. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)
	√		RAA19. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	√		RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	√		RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	√		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT,

			OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
√			RAA23. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (NOVEMBER 2020)
√			RAA24. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
	√		RAA25. PATENT REPORTING PROCEDURES (NOVEMBER 2020)
	√		RAA26. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
√			RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
√			RAA28. AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
√			RAA29. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (NOVEMBER 2020)
	√		RAA30. PROGRAM INCOME (AUGUST 2020)
√			RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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

Required	Not Required	TBD	Standard Provision
		√	RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		√	RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
		√	RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (NOVEMBER 2020)
		√	RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		√	RAA5. INDIRECT COST – DE MINIMIS RATE (NOVEMBER 2020)
√			RAA6. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (NOVEMBER 2020)
√		√	RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
		√`	RAA8. SUBAWARDS (DECEMBER 2014)
		√	RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
√			RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
√			RAA11. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
	√		RAA12. PATENT RIGHTS (JUNE 2012)
		√	RAA13. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
		√	RAA14. INVESTMENT PROMOTION (NOVEMBER 2003)
√			RAA15. COST SHARE (JUNE 2012)
		√	RAA16. PROGRAM INCOME (DECEMBER 2014)
√			RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	√		RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	√		RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	√		RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	√		RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)

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	√		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
√			RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
√			RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
√			RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
√			RAA256 PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
	√		RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
√			RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
√			RAA29. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
√			RAA30. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)
√			RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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ANNEX 5- PAST PERFORMANCE INFORMATION (PPI)

Past Performance Information (PPI)

(To be completed by the applicant)

1.	**Award Number:**
2.	**Contractor/Recipient (Name and Address):**
3.	**Type of Award:**
4.	**Complexity of Work: Difficult Routine**
5.	**Description, location, and relevancy of work:**
6.	**Dollar Value of Work:** **Status: Active Completed**
7.	**Date of Award:** **Award Completion Date (including extensions):** _____
8.	**Type and Extent of Subawards:**
9.	**Name, Address, Telephone Number, and E-mail Address of the Awarding Contracting/Agreement Officer and/or the Contracting/Agreement Officer 's Representative (and other references as applicable):**

ANNEX 6- ABBREVIATIONS AND ACRONYMS

ADS	Automated Directive System
AO	Agreement Officer
AOR	Agreement Officer's Representative
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
EMMP	Environmental Mitigation and Monitoring Plan
GOH	Government of Haiti
IEE	Initial Environmental Examination
LTFU	Lost to Follow Up
MEL	Monitoring, Evaluation and Learning
NICRA	Negotiated Indirect Cost Recovery Agreement
NOFO	Notice of Funding Opportunity
OGAC	Office of the U.S. Global AIDS Coordinator and Health Diplomacy's
PD	Program Description
PEPFAR	President's Emergency Plan for AIDS Relief
PNLS	Programme National de Lutte Contre le SIDA
USAID	United States Agency for International Development

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