ISSUANCE DATE:	Tuesday, October 30, 2018
DEADLINE FOR QUESTIONS *or* REQUESTS FOR CLARIFICATIONS:	Monday, November 05, 2018; 12:00 PM Nepal Time (NPT; 5:45 hours ahead of Coordinated Universal Time (UTC))
CONCEPT PAPER SUBMISSION CLOSING DATE:	Monday, December 03, 2018; 17:00 PM NPT
SUBJECT:	Notice of Funding Opportunity (NOFO) No. 72036719RFA00001
PROGRAM TITLE:	USAID's Physical Rehabilitation Activity
CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) No.:	98.001

Dear Potential Applicants,

As per the Foreign Assistance Act (FAA) of 1961, as amended, the United States Agency for International Development (USAID) Mission in Nepal invites submission of applications in response to this NOFO. USAID issues this NOFO per the Automated Directive System (ADS) 303.3.5.2.a for a cooperative agreement to support the "Physical Rehabilitation Activity." The resulting award will be subject to Title 2 Code of Federal Regulations (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**.

Subject to availability of funds, USAID/Nepal intends to award one cooperative agreement per ADS 303.3.11 and 304.3.3 under this NOFO. Nevertheless, USAID reserves the right to fund any ***or*** none of the applications submitted. As per ADS 303.3.6.1, USAID does not restrict eligibility for this award and we encourage any eligible U.S. or non-U.S. organization, individual, non-profit, or for profit entity interested in submitting a concept paper read this NOFO thoroughly to understand the type of program sought, application submission requirements, and evaluation process. Please review NOFO **Section C** for additional eligibility requirements. USAID shall make the resultant award per the evaluation procedures provided under **Section E** below and administer the award per the ADS Chapter 303 Standard Provisions for U.S. and non-U.S. non-governmental organizations (NGOs) *or* the Federal Acquisition Regulations (FAR) Part 31 for profit organizations.

This NOFO consists of the cover letter and the following sections:

a. SECTION A: PROGRAM DESCRIPTION (PD);
b. SECTION B: FEDERAL AWARD INFORMATION;
c. SECTION C: ELIGIBILITY INFORMATION;
d. SECTION D: APPLICATION AND SUBMISSION INFORMATION;
e. SECTION E: APPLICATION REVIEW INFORMATION;

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f. SECTION F: FEDERAL AWARD AND ADMINISTRATION INFORMATION;
g. SECTION G: FEDERAL AWARDING AGENCY CONTACTS; *and*
h. SECTION H: OTHER INFORMATION.

This NOFO is posted on official U.S. government site for finding grants for non-profits, https://www.grants.gov, and may be amended as needed. Thus, potential Applicants should continue to consult Grants.gov for future NOFO announcements as well as modifications to the announcements and the corresponding application packages. Applicants must have or download the appropriate Adobe program to their computers to view and save the Adobe forms properly. It remains the Applicant's responsibility to ensure that the Applicant has received the entire NOFO in its entirety from the internet. USAID bears no responsibility, explicit or implied, for data errors resulting from the NOFO transmission or conversion process. If you experience difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at +001.800.518.4726 *or* via email at support@grants.gov for technical assistance.

The successful Applicant shall bear the responsibility for ensuring successful achievement of the program objectives. Thus, USAID requests that each Applicant please read each section of the NOFO thoroughly.

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 4.5.1.3.3** below. The registration process may take many weeks to complete. Thus, USAID encourages Applicants to begin registration early in the process.

Please send any questions to the point of contact identified in **Section D** no later than the deadline for questions indicated above. USAID will provide responses to all questions received from all potential Applicants through an amendment to this notice posted to www.grants.gov.

Issuance of this NOFO neither constitutes an award commitment on the part of the U.S. Government (USG) nor commits the USG to pay for costs incurred in the preparation and submission of an application. Applicant submits application at its own risk and should circumstances prevent award of a cooperative agreement, the Applicant bears all preparation and submission costs at its own expense. Thank you for your interest in USAID programs.

Yours truly,

Jack M. Adrien
Agreement Officer

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ABBREVIATIONS, ACRONYMS, *and* INITIALISMS

The following terms, acronyms, *and* initialisms are used in this NOFO with their meanings provided below:

Acronym *or* Initialism	**Meaning**
ADS	Automated Directives System
AO	Agreement Officer
AOR	Agreement Officer's Representative
CDCS	Country Development Cooperation Strategy
CDW	Community Disability Worker
CFR	Code of Federal Regulations
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
DFID	United Kingdom's Department for International Development
DOHS	Department of Health Services
DPOs	Disabled Persons' Organization
DHIS2	District Health Information Software 2
DUNS	Data Universal Numbering System
EDCD	Epidemiology and Disease Control Division
EO	Executive Order
EPRP	Emergency Preparedness and Response Plan
FAR	Federal Acquisition Regulations
FCHV	Female community health volunteer
FY	Fiscal year
GESI	Gender Equity and Social Inclusion
GIS	Geographic Information System
GON	Government of Nepal
HI	Humanity & Inclusion
HMIS	Health Management Information System
ICF	International Classification of Functioning
IP	Implementation Plan
IR	Intermediate Results
LCD	Leprosy Control Division
LCDMS	Leprosy Control and Disability Management Section
LWVF	Leahy War Victims Fund
M	Million
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MOPR	Ministry of Peace and Reconciliation
MOYS	Ministry of Youth and Sports
MTDC	Modified Total Direct Costs
MWCSW	Ministry of Women Children and Social Welfare

NDHS	Nepal Demographic and Health Survey
NOFO	Notice of Funding Opportunity
NGO	Non-Governmental Organization
NHSS	Nepal Health Sector Strategy
NPPAD	National Policy and Plan of Action on Disability
PMP	Performance Management Plan
PRA	Physical Rehabilitation Activity
PRC	Physical Rehabilitation Center
PTU	Physiotherapy Unit
R4A	Reading for All
SAM	Systems for Award Management
SC	Selection Committee
SDG	Sustainable Development Goals
SSBH	Strengthening Systems for Better Health
STRIDE	Strengthening Rehabilitation in District Environs
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USG	United States Government
WG	Washington Group on Disability Statistics
WHO	World Health Organization

SECTION A: PROGRAM DESCRIPTION

1.1 BACKGROUND

1.1.1 GLOBAL SITUATION OF PERSONS WITH DISABILITIES

In 2006, the United Nations (UN) adopted the Convention of the Rights of Persons with Disabilities[1] (CRPD). The CRPD shifted the orientation from viewing persons with disabilities as objects deserving charity to subjects with inalienable rights. In 2011, the World Health Organization (WHO) published the World Report on Disability, based upon a realization that "many persons with disabilities do not have equal access to health care, education, and employment opportunities, do not receive the disability-related services that they require, and experience exclusion from everyday life activities."[2] This report estimated that 15 percent of the global population experiences some sort of disability.[3] This estimate was based on the International Classification of Functioning (ICF) conceptual framework that presents disability and functioning as a dynamic interaction between health conditions and contextual factors. Further, the World Report on Disability estimated that 36 percent of the global prevalence of disability is physical and 80 percent of persons with disabilities live in developing countries.[4]

The World Report on Disability framed disability as a development issue. In severe cases, disability may extract not just one family member from the workforce, but two, where another person is required to give constant care. Adding the cost of medical care; travel to reach medical/rehabilitative care; assistive devices; and inequitable income opportunities, persons with disabilities and their families typically experience lower socio-economic outcomes than the average family[5]. In an advancement over the Millennium Development Goals, the 2015 Sustainable Development Goals (SDG) specifically state that including persons with disabilities is critical to achieving the goals, particularly in the areas of education; growth and employment; inequality; and accessibility of human settlements, as well as in data collection and monitoring[6].

Discrimination against persons with disabilities varies from passive disinterest in their needs to stigma and exclusion from participation. Even in high income countries in Europe, North America, and Australia, over half of women with disabilities have experienced physical abuse, compared to one-third of women without disabilities.[7] In 2012, two systematic reviews confirmed that "children with disabilities are almost four times more likely to experience violence than children without disabilities."[8]

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[1] Convention of the Rights of Persons with Disabilities (2006). https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html
[2] WHO and World Bank (2011), *World Disability Report*, Geneva, WHO
[3] *Ibid.*
[4] *Ibid.*
[5] *Ibid.*
[6] UN Sustainable Development Goals and Disability (2015). https://www.un.org/development/desa/disabilities/news/news/the-sustainable-development-goals-sdgs-and-disability.html
[7] U.N. General Assembly (2006). In-depth study on all forms of violence against women. Report of the Secretary-General, A/61/122/Add. 1. Paragraph 148
[8] Liverpool John Moores University's Centre for Public Health, a WHO Collaborating Centre for Violence Prevention, *Violence against adults and children with disabilities, Disabilities and rehabilitation.* WHO (2018). http://www.who.int/disabilities/violence/en/

Lack of internationally comparable definitions and methods for collecting data on persons with disabilities remains an obstacle to global progress in rehabilitation. The Washington Group on Disability Statistics (WG) was formed under the auspices of the UN to address this urgent need. The WG created questionnaires, based on ICF categories of functioning, to gather basic information on disability, which would be comparable throughout the world. Instead of measuring prevalence of persons with selected impairments, which follows a "medical model" of differentiation, the WG assesses populations by a model with graded functionality descriptions. This helps to determine a population level need for rehabilitation or social participation interventions.

1.1.2 PERSONS WITH DISABILITIES IN NEPAL

Nepal became signatory to the CRPD in 2010 and enshrines the inherent equality of persons with disabilities to all other citizens, a commitment that is also stated in the country's 2015 Constitution.

The 2011 Nepal Census documented that 1.94 percent of the population were persons with a physical, sensory, or cognitive disability, based on the medical model. The Census found that 0.7 percent of the total population has a physical disability. With the population of Nepal now estimated to be over 28,000,000, it is estimated that there are at least 200,000 persons with physical disabilities. In 2017, the Disability Research Center at Kathmandu University conducted a large sample survey research study in Nepal which used both medical and WG models. Use of the medical model by knowledgeable researchers suggested that disability may be twice as prevalent as the census reported, up to 4 percent.[9] Use of the WG model found that 9 percent to13 percent of the population has some form of functional difficulty and 2 percent to 4 percent experience severe difficulty in daily functioning.[10] USAID is currently utilizing the WG questionnaire in its second Nepal Social Inclusion Survey, which will be completed by early 2020.

It is not known what percentage of Nepalis have impairment as a result of the 1996 – 2006 conflict, but it is assumed that because of the nature of the conflict, the prevalence of disability increased. The national peace process of 2006 – 2011 identified ex-combatants with disability in every district of the country,[11] but Province 6 in midwest Nepal was the heartland, from which the conflict spread and disproportionately affected traditionally marginalized communities in poor, rural districts. For example, the geographical distribution of persons with a physical disability, as identified in the Disability Atlas Nepal, 2016, shows that the approximate average percentage in Province 6 is 1.3 percent, almost double the average figure of 0.75 percent in the eastern half of the country.[12]

Province 6 also has a very low development status. The 2016 Nepal Demographic and Health Survey (NDHS) showed that a majority of households (69 percent) of Province 6 are in the lowest wealth quintile[13], followed by Province 7, with 37 percent of households in the lowest quintile. Further, the health-seeking behavior of Province 6 is low, with only 36 percent of women delivering in an

[9] Paudel, N., Disability Research Center, Kathmandu University, Speech at Nepal Disability Summit, July 2, 2018, Kathmandu
[10] The Washington Group Short Set is a set of questions designated to identify people with a disability in a census or survey format based on international standards on disability.
[11] Records from the Ministry of Peace and Reconstruction (2011) shared with Nepal Disabled Fund and Handicap International.
[12] Disability Atlas Nepal (2016). Disability Research Center, support by UNICEF.
[13] NDHS (2016). Table 2.7 Wealth Quintiles, p. 26.

institutional setting against a national average of 58 percent. Non-institutional delivery poses a risk of birth complications that link with impairments.

National prevalence of types of disability by impairment has not been measured in Nepal, but data from USAID's nine-year Strengthening Rehabilitation in District Environs (STRIDE) activity shows cerebral palsy to be the most common diagnosis presented for physical rehabilitation, typically at 12 – 15 percent of all patients receiving rehabilitation services. Amputation is the second most common cause of impairment seen. Anecdotal review suggests that the conflict of 1996 – 2006 and road traffic accidents are the predominant causes of amputation. Stroke, post-fracture complications, club foot, *and* lower back pain are also frequently seen.

1.1.3 GENDER AND DISABILITY

Globally, women with a disability are at greater risk of violence than both men with disabilities and women without disabilities. They experience higher rates of abuse, greater severity of abuse, *and* additional types of abuse:[14]

(a) Half of women with disabilities have experienced physical abuse, compared to one third of women without disabilities (U.N. Human Rights Council, 2006, p. 47).
(b) Women with disabilities are four times more likely to experience sexual assault than women without disabilities (Martin et al. 2006, p. 823).
(c) Women with disabilities are "twice as likely to experience domestic violence as women without disabilities, and are likely to experience abuse over a longer period of time and to suffer more severe injuries as a result of the violence" (Manjoo, 2012, p. 9).

In 2012, two systematic reviews confirmed that "children with disabilities are almost four times more likely to experience violence than children without disabilities."[15] Around the world, it is estimated that between 40 to 70 percent of girls with disabilities will be sexually abused before they reach 18 years of age.[16]

Women with disabilities in Nepal also face gender discrimination as evidenced by the fact that Nepal was ranked 144th out of 188 countries in the UN Gender Inequality Index.[17] Women's relative educational status also suggests the presence of discrimination. The NDHS 2016 shows that literacy is 89 percent among males and only 69 percent among females. The NDHS found 47 percent of males with some secondary school education or higher, against only 35 percent of women surveyed.[18] The literacy ratio between males and females with disabilities is not known.

Studies suggest that women with disabilities face considerable stigma in Nepal. Research conducted in 2006 by Bishnu Maya Dhungana documented gender differences in marital status among persons with disabilities. Among men with disabilities surveyed, 76 percent were married as compared to only

[14] Mays, J.M. (2006). Feminist disability theory: domestic violence against women with a disability, p. 151. Disability & Society.
[15] Liverpool John Moores University's Centre for Public Health, a WHO Collaborating Centre for Violence Prevention, *Violence against adults and children with disabilities, Disabilities and rehabilitation*. WHO (2018). http://www.who.int/disabilities/violence/en/
[16] *Ibid.*
[17] Table 5: Gender Inequality Index, Human Development Report (2016). http://hdr.undp.org/en/composite/GII
[18] NDHS (2016). Tables 3.4.1 Literacy: Women and Table 3.4.2 Literacy: Men

43 percent of women with disabilities. Another 32 percent of the women with disabilities were widowed, divorced, or separated.[19]

The NDHS is conducted every five years. Since 2006, three NDHSs have tracked married women's participation in decision-making related to health care as an empowerment category. Between 2006 and 2016, there was an increase in joint wife-husband decision-making and a modest increase in women making decisions about their own health care. However, comparing the 2011 and 2016 surveys, the percentage of husbands primarily making health care decisions on their wives' behalf rose from 22 percent to 29 percent, suggesting that one cannot assume a steady trend of greater female empowerment as indicated by women's involvement in family decision-making about health care. The 2016 NDHS showed married women in Province 6 as the least likely to take part in overall family decision-making, at 20 percent against an average of 37 percent across the provinces.[20]

Migration has increased the median income in Nepal, but it has also left women carrying a greater share of the burden, with the number of female-headed households rising 15 percentage points (from 16 to 31 percent) from 2001 to 2016.[21] Correspondingly, 70 percent of women are primarily engaged in agriculture, generally a subsistence or low income occupation, in comparison to 33 percent for men.

1.2 PROGRAM CONTEXT

1.2.1 GOVERNMENT OF NEPAL AND DISABILITY AND REHABILITATION

1.2.1.1 INTRODUCTION

The fundamental needs of persons with disabilities do not differ from those of people without disabilities; however, persons with disabilities can have more specific, practical requirements to live as dignified and equal citizens. To improve their mobility and functional independence (e.g., to carry out activities of daily living like eating or going to school or work without assistance), they often need quality rehabilitation services, including access to assistive devices. With improved functioning, persons with disabilities can engage more fully in education, employment and social opportunities.

1.2.1.2 MINISTRY OF WOMEN CHILDREN AND SOCIAL WELFARE (MWCSW)

With de-centralization, the responsibilities of many ministries have changed. The MWCSW is now called the Ministry of Women, Children and Senior Citizens. The previous MWCSW had been the long-time home ministry for disability, with a focus on non-health, social welfare aspects of disability. The unit responsible for disability in the newly de-centralized government is still to be determined. In order to carry out their welfare programs the previous MWCSW enlisted existing self-help type disabled persons organizations (DPOs), one per district, and created them over time where they hadn't existed. The responsibilities of these DPOs were to carry out the MWCSW programs, which included registration of persons for disability cards, disbursement of monetary compensation and related benefits, and aiding in distribution of basic assistive devices. DPOs have also created an opportunity for social interaction and discussion of and advocacy for the rights persons with

[19] Dhungana, B. (2006). The lives of disabled women in Nepal: vulnerability without support. Society & Disability.
[20] NDHS (2006, 2011, 2016). Tables on Women's participation on decision-making
[21] 2.6 Household Population and Composition, Ibid., p. 13

disability. Some DPOs have sought and received local development budgetary funds to support livelihood opportunities for group members; others developed cooperatives and savings associations.

As the lead Ministry for disability as a social welfare issue, the MWCSW developed a multi-sectoral National Policy and Plan of Action on Disability (NPPAD) 2006 that included actions recommended by the Ministry of Health's Department of Health Services (DOHS) (e.g., improved accessibility to and utilization of health and rehabilitation services for persons with disability). At that time, the DOHS did not have specific budget lines for these activities.

1.2.1.3 MINISTRY OF HEALTH AND POPULATION

Since 2015, the Ministry of Health and Population (MOHP) has recognized rehabilitation as a sub-sector in public health care. Rehabilitation is included in Nepal's 2015 – 2020 Health Sector Strategy (NHSS) and Implementation Plan (IP), particularly its importance to addressing the effects of non-communicable diseases – which constitute an increasing percentage of the overall burden of disease in Nepal – and for recovery and care for injuries from disasters and accidents. Physiotherapy is provided in national and some regional hospitals; some other hospitals have sanctioned posts, which have not been filled.

In 2015, the MOHP appointed the Leprosy Control Division (LCD) as the focal point for integrating rehabilitation services into the public health care system. The LCD further defined some of the interests that they had identified for the earlier MWCSW NPPAD and developed their own Ten-year Plan of Action (2017 – 27). As a result of the 2015 earthquakes, the LCD identified physiotherapy as a service that should be available at district level in the health service system. In 2017, the LCD set up physiotherapy units (PTUs) in district hospital premises of six earthquake-affected districts, to respond to the needs of disaster victims. Demand for physiotherapy services has been high; a full 80 percent of the patients presented with injuries or impairments not related to the earthquake,[22] highlighting the great degree of unmet needs in Nepal. The 2017 LCD budget dedicated about $550,000 for rehabilitation, covering: support for these six new physiotherapy positions and physiotherapy units; the development of health education materials about rehabilitation; distribution of basic assistive devices from DPOs and health facilities; and grants for some rehabilitation centers, among other activities.

Peripheral health workers across Nepal receive limited training on recognizing physical impairments, including birth anomalies. Currently only 15 percent of the patients at the STRIDE PRCs were referred by health workers or health volunteers. The health management information system (HMIS) reporting forms at health facilities below district hospital level provide limited opportunity to document impairments. The existing referral system passes clients up the chain of the public health system, but some primary health care centers and district hospitals do not have the required knowledge to assess and confirm a suspected impairment. Public health workers have no official referral pathway to PRCs for a person identified with an impairment. The absence of a system for referral to physical rehabilitation services limits access.

The DOHS is engaged in the prevention of disability through programs that promote "healthy behaviors." The DOHS has mine and unexploded ordnance risk education tools, as well as informational material on the importance of healthy behaviors to prevent strokes, diabetes, injuries,

[22] Strengthening the Health System in Nepal, HI, March 2018

and road traffic accidents. This material is available to health workers and health development workers. The DOHS campaign encouraging women to deliver their children at a prepared birthing center helps to reduce delivery complications.

The MOHP has heightened its commitment to vulnerable populations, reflected in the new gender equality and social inclusion (GESI) Section in the MOHP's Population Management Division, which develops GESI policies and conducts GESI-based analysis and evaluation of health programming. Recent research in Nepal suggests that healthcare services are not easily accessible to people with disabilities. A full 71 percent of the women in Rupendehi District must walk more than 30 minutes to reach a health facility. More accessible health facilities, greater local transportation options, and increased provider awareness of a human rights approach to disability would help to address this issue.[23] The 2016 NDHS shows particularly long distances to health services in Provinces 6 and 7, where one-half of the population requires 30 to 60 minutes to reach a government health facility, and one-quarter require more than one hour.[24]

Health care affordability is another challenge for persons with disabilities in Nepal. The high cost of medical care is something that is felt by the majority of people. A full 55 percent of Nepalis cannot pay for medical care out of their savings and must borrow.[25]

1.2.1.4 FEDERALISM AND STATE REORGANIZATION

In 2017, the federal structure of the GON was decentralized, in line with the 2016 constitution. With the transition to a decentralized state, central, provincial and municipal (*palika*) levels of government have new roles and responsibilities. Central level ministries are responsible for overarching policy and fiscal regulations. Provincial governments are responsible for provincial level planning and coordination with municipalities. The old "district" administrative category is no longer operative. There are two kinds of municipal governments, urban and rural, and they have the principle authority for planning, funding and implementing services. After a lapse of 20 years, municipal elections were held in 2017. In many cases, the winners of those elections are still getting accustomed to their new responsibilities, alongside centrally appointed officials; Nepal is truly in a major transition.

It is well recognized by donors and ministerial level leadership that the creation of a decentralized state presents an important opportunity for local leaders and communities, including traditionally marginalized groups, to identify and address their own needs. At the same time, this transition period holds great risk of reduced quality *or* service interruptions in the implementation of important health programs. It will also be both a challenge and an opportunity for traditionally underrepresented groups to organize and effectively advocate for their needs during this transition period.

The MOHP will continue to propose policy, procedures and standards, and oversee critical national health programs. Provincial governments will communicate between central and municipal levels; they will transmit information, provide technical guidance for health programs, and gather information from municipalities for analysis and delivery to the MOHP. They will also have responsibility for coordination among municipal governments, which is likely to manifest differently

[23] Devkota, H.R., Murray, E., Kett, M., and Groce, N. Are Maternal healthcare services accessible to vulnerable groups? A study amoung women with disabilities in rural Nepal. PLOS One. 2018 July 13; 13(7)
[24] Table 2.6, Distance to nearest government health facility, Nepal Demographic and Health Survey 2016, p.26
[25] Nepali Social Inclusion Survey, 2012, Affordability of medical treatment. p.54.

in different sectors. Instead of the previous 75 District Health Offices which held critical planning, supervision and monitoring functions, 35 Health Field Support Offices have been designated, for which responsibilities are being finalized. Municipal governments will be responsible to plan, fund and manage government health services and auxiliary health activities. The GON has outlined the following resource allocations for the national health budget: 16 percent for the central government, 24 percent for provincial governments; and 60 percent for municipal governments.

The LCD was reorganized in 2018 as the Leprosy Control & Disability Management Section (LCDMS) and moved to the Epidemiology and Disease Control Division of the DOHS/MOHP, one of five divisions in the DOHS. The renaming of the LCD signals the MOHP's intention to take on a degree of responsibility for rehabilitation, as a component of broader health services. Some of the responsibilities of the LCDMS include: the development of related laws, policies, strategies, standards, protocol, and guidelines; coordination and support on technical matters and development of required technical human resources; program design; research; and surveillance, monitoring and evaluation of relevant rehabilitation program activity. The LCDMS will be the MOHP's primary counterpart for this activity.

1.2.2 STRENGTHENING REHABILITATION IN DISTRICT ENVIRONS (STRIDE)

1.2.2.1 STRIDE ACTIVITY OVERVIEW

Initiated in 2010 and concluding in January 2019, USAID's $4.86 million (M) STRIDE activity has sought to improve the lives of individuals who have acquired disabilities as a result of conflict, as well as other persons with disabilities through greater mobility and functional independence. Supported through USAID's Leahy War Victims Fund (LWVF), the activity supported the development of physical rehabilitation centers (PRCs). Humanity & Inclusion (HI) manages STRIDE as the prime implementing partner, with sub-awards to six non-governmental organizations (NGO).

Established in 1989, USAID's LWVF is a dedicated source of financial and technical assistance for civilian victims of war and conflict. It addresses the needs of individuals who have acquired mobility-related injuries as a result of conflict, and also the needs of the broader population of persons with disabilities. LWVF seeks to ensure that persons with disabilities in conflict-affected countries have improved quality of life through greater access to habilitation and rehabilitation services, including assistive technologies, and economic and social opportunities. Historically, the Fund has devoted the majority of its resources to establishing and improving accessible and appropriate prosthetic, orthotic and physical rehabilitation services at the country level. This critical work continues and is complemented by more recent investments to establish and strengthen national and international physical rehabilitation standards and associations and train on those standards.

STRIDE provides direct technical and financial support to five PRCs to strengthen their institutional capability for rehabilitation services in five of Nepal's seven provinces. Among these, three are NGOs, one is a private medical college, and one is a government organization that follows government financial regulations and has management appointed by the Social Welfare Council, but otherwise operates independently. STRIDE has supported the development of quality physical rehabilitation services with community-based follow-up, with an emphasis on conflict-affected and other vulnerable populations.

STRIDE enhances the skills of the partner PRCs rehabilitation workforce to deliver quality physical rehabilitation services through formal education, continuing professional development, and on-the-job mentoring. All STRIDE PRCs follow the standards of the International Society for Prosthetics and Orthotics. STRIDE improved the capacity of the rehabilitation centers to provide prosthetic and orthotic devices by providing or upgrading equipment and supporting the development of a system for procurement and management of consumables.

1.2.2.2 GENDER OBSERVATIONS IN STRIDE

In USAID's STRIDE activity, 62 percent of the clients that benefited from physical rehabilitation services were male and 38 percent were female. The following chart[26] shows the gender- and age-disaggregation of clients.

Age Group	Male	Female
0 – 5 years	59 percent	41 percent
6 – 18 years	60 percent	40 percent
19 – 30 years	58 percent	42 percent
31 – 50 years	63 percent	37 percent
51 years +	67 percent	33 percent

The higher proportion of males benefiting from services in STRIDE contrasts with the WHO 2011 World Report on Disability, which indicates that among lower income countries, the prevalence rate of any type of disability among women is 22 percent compared to 14 percent among men.

An analysis of the STRIDE database by gender and impairment indicates a greater percentage of men presenting with amputation, head injury, and spinal cord injury. Women present more prominently in the categories of arthritis, burns, and low back pain.[27] No analysis is available to conclusively determine the causal differences for these rates of presentation between males and females. It is not known, for example, whether the prevalence in males presenting at STRIDE clinics is due to greater engagement of men in the decade of armed conflict in Nepal, in traffic accidents or in risky workplaces. Similarly, it is not known whether the disproportionately lower service utilization by females reflects bias towards rehabilitation of males, either within families or within sources of referral.

1.2.2.3 MOBILE CAMPS

USAID has encouraged the expansion of service coverage. The PRCs currently conduct mobile camps to increase awareness of and improve access to rehabilitation services for remote populations. Mobile camps are a relatively expensive aspect of PRC operations. One assessment and one fitment mobile camp costs $3,000 – $5,000 and requires days for preparation and travel, during which time the PRC itself often lacks sufficient staff to meet the needs of clients who are seeking services at the PRC.

[26] Raju Palanchoke, STRIDE Rehabilitation Manager, STRIDE database, 2018
[27] Review of STRIDE Annual Reports (2011 – 2018).

At the assessment stage, PRC physiotherapists and prosthetists diagnose conditions and determine whether a rehabilitation intervention is appropriate. Depending upon the diagnosis and assessment, the measurement and subsequent fitting of a prosthetic or orthotic device may be made through the mobile camps. Not infrequently, however, clients are required to travel to a PRC for fitting, physiotherapy, and observation. Currently, all beneficiaries of treatment receive follow-up from one or more community disability workers (CDW), but the attention provided is limited as these staff travel widely throughout a given district.

1.2.2.4 TYPES OF REFERRAL

STRIDE PRC clientele learn about services through a variety of means: most (33 percent) are recommended by members of DPOs; almost 25 percent learn about the PRC service from a media source; another quarter are referred by a government entity (public health service, teacher, or other government office); *and* the rest from various non-governmental NGOs.[28] Half of the clientele come directly to the PRCs for service and half are identified at one of the (on average) three assessment mobile camps that each PRC holds annually, suggesting that this modality has been important for increasing awareness of and demand for rehabilitation services.

1.2.2.5 RESULTS

With support from STRIDE, the five PRCs provide individual physiotherapy interventions, custom-made orthotics and prosthetics, and community-based services for persons with disabilities. From 2010 through February 2018, STRIDE provided rehabilitation services to over 43,000 persons, including almost 164,000 rehabilitation therapy sessions, and 15,000 prosthetic or orthotic devices. To date, STRIDE has increased access to rehabilitation services in remote areas through 235 mobile camps, which has required mobilization of community workers, district public health and other offices, and community-based organizations.[29]

1.2.2.6 SOCIAL INCLUSION

In addition to developing rehabilitation services, STRIDE fosters the integration of persons with disabilities into their communities in 13 districts through personalized social support consisting of counseling, linkage to existing, appropriate livelihood programs or vocational training opportunities. STRIDE's inclusion officers provide personalized support and link beneficiaries with apprenticeships to learn a service trade or to available vocational training programs. Beneficiaries receive initial seed money or are supported to seek bank loans, as appropriate. Further, STRIDE staff facilitate contact with other actors in the value chain, such as vegetable wholesalers for delivery of goods to the shop of a person with a disability. Many beneficiaries join disabled persons organizations (DPOs) or other community organizations as a result of their engagement with STRIDE. To date, this component of STRIDE has supported 4,100 persons with disabilities to initiate livelihood activities.[30]

[28] STRIDE Annual Reports 2011 – 18.
[29] *Ibid.*
[30] *Ibid.*

1.2.2.7 PRC SUSTAINABILITY

One of the objectives of STRIDE is to improve PRC sustainability. To date, the PRCs on average have generated sufficient revenue to cover 50 percent of their costs, with USAID covering the remaining costs through sub-grants managed by HI. PRCs have different assets, strategies, and challenges to fund-raising. For some, rehabilitation is one part of a larger scope of interventions for which they regularly seek support and which provide a range of opportunities for donor engagement. Others are fully focused on rehabilitation, which may appeal to certain donors. Nepal Disabled Fund (NDF), the government organization PRC, was the prime recipient of a Ministry of Peace and Reconciliation (MOPR) grant to address the rehabilitation needs of ex-combatants with disabilities. NDF partnered with the other four STRIDE PRCs, including sharing grant resources, to meet MOPR objectives. STRIDE has helped the PRCs establish linkages and partnerships with GON authorities and DPOs. Community disability workers (CDW) who conduct follow-up after rehabilitation and community inclusion officers who help persons with disability to improve their livelihood have both been critical in this regard.

In 2017, in addition to STRIDE sub-grants or contracts, the sources of income generated by the five PRCs were:

(a) 38 percent from central government/ministries (including MOWCSW, MOPR, Ministry of Youth and Sports, and nominal funds from the Primary Health Care Revitalization Division /MOHP);
(b) 9.2 percent from local governments (municipalities);
(c) 33.5 percent from international NGOs/agencies;
(d) 5.8 percent from clients' participation in the cost of services; *and*
(e) 13.5 percent from other sources.

The greatest number of PRC clientele fall in the low income category, which may account for the low percentage recouped for operational expenses from patient fees. In 2017, the aggregate amount gathered by PRCs from local governments was $26,783; in the first six months of 2018 that amount rose to $50,857. This increase in budgetary support from local governments suggests a positive trend in their recognition of and ability to support rehabilitation services.

1.2.2.8 PRC ENVIRONMENTAL VULNERABILITY

In 2017, the STRIDE sub-partner, Community-based Rehabilitation – Biratnagar, was heavily damaged by flooding, particularly the ground floor. Supply storage and files were shifted to another floor, repairs were made and, in collaboration with the municipality, the walls of a nearby canal were raised to mitigate the effects of future flooding. The other four PRCs have all completed self-assessments and determined there is no significant risk of damage due to climate change or other environmental events.

1.2.2.9 PILOT STUDY FOR EARLY RETECTION AND REFERRAL

The NHSS-IP recognized that the skills of public health care workers needed to be improved for detection, documentation and referral of persons with disabilities for treatment. The LCD and USAID's STRIDE designed a pilot study to see how effective a short training would be for enhancing detection of impairment by the public health care workforce. STRIDE conducted the pilot

intervention by enhancing the capacity of health workers and female community health volunteers (FCHVs) across Jajarkot District to identify report and refer 12 impairments in children under five years of age. A comparable neighboring district was selected as a control district, wherein only a short pilot study orientation was given to all health post-in-charge staff, with encouragement that they direct their health workers and FCHVs to report any detection of the 12 impairments. HI staff traveled across the intervention district to answer questions and collect information from every health facility during the 12-month duration of the activity. The intervention stage is complete and initial findings indicate significant results: 67 children were identified with the targeted 12 impairments in the intervention district compared to four children in the control district. With early signs of success, the DOHS has included the early detection module with in-service training, but only on an ad hoc basis.

1.2.3 OTHER PHYSICAL REHABILITATION SERVICE PROVIDERS

In Nepal, there are currently 12 NGOs dedicated to physical rehabilitation. Several are located in Nepal's capital city in Province 3. All other provinces have one PRC, except Province 6. PRCs have the capacity to diagnose impairments; provide physiotherapy, prosthetic, and orthotic interventions; and refer patients for surgical interventions. In 2018, rehabilitation stakeholders and the previous LCD jointly followed WHO global guidance to prepare Nepal's Priority Assistive Products List. The List is intended to guide the GON and others in the "5Ps" (policy, products, personnel, provision, and people) to improve access to assistive technology.

1.3 DESIGN PARAMETERS

1.3.1 GOAL

The goal of the Physical Rehabilitation Activity (PRA) is to improve the mobility and functional independence of conflict-affected civilians, other persons with disabilities, *and* other individuals in need of rehabilitation services.

1.3.2 PURPOSE

The purpose of the PRA is to support the establishment of a sustainable, integrated, public-private rehabilitation system.

1.3.3 DEVELOPMENT HYPOTHESIS

If the LCDMS/MOHP is supported to develop and implement appropriate policy, regulatory, programmatic, and personnel guidelines for public and private rehabilitation service delivery; and the provincial government disseminates LCDMS guidance and coordinates planning for rehabilitation services; and provincial and municipal governments appropriately budget for rehabilitation services, in response to community demand; then access to quality, sustainable rehabilitation services will improve.

1.3.4 GEOGRAPHICAL FOCUS

USAID's PRA will mentor and strengthen the STRIDE PRCs in provinces 1, 2, 3, 5, and 7 and foster relationships between these PRCs and public sector PTUs to be set up by the GON in each of these provinces, plus province 6. USAID's PRA will also foster a relationship between the PRA and the PRC in Province 4, to share learning on approaches to service delivery and outreach. The changes that USAID's PRA proposes to make in the HMIS or the district health information system 2 (DHIS2) will be implemented nationally. USAID's PRA will encourage the ongoing national dialogue on the development of roles and responsibilities for a private-public rehabilitation system.

The health worker and FCHV impairment detection and referral training, caregiver training, and DPO/civil society organization (CSO) platform will be implemented in Province 6 and provide a demonstration for other provinces. This demonstration site is selected because it was most heavily affected by the 1996-2006 conflict; achievements in an area with high poverty rates and poor health-seeking behaviors should be viewed as replicable elsewhere; and USAID's System Strengthening for Better Health (SSBH) activity can offer complementary support.

1.3.5 FUNDING PRIORITIES/PROGRAMMATIC FOCUS AREA

This activity is supported through the LWVF and is intended to foster the sustainability of advances made under STRIDE and further build local capacity.

1.3.6 RESULT FRAMEWORK

1.3.6.1 OBJECTIVE 1: THE QUALITY OF REHABILITATION SERVICES IS ENHANCED

1.3.6.1.1 OBJECTIVE 1 INTERMEDIATE RESULTS (IRs)

Below please find the PRA Objective 1 IRs:

(a) PRC leadership, management, governance and technical skills enhanced, including equipment for physiotherapy and prosthetic, orthotic, and other assistive technology interventions;
(b) A partnership is established between existing STRIDE PRCs and the corresponding new public PTUs, plus the existing PTUs in Province 3;
(c) Physiotherapist capacity is enhanced in accordance with international standards, including assessment and follow-up protocols with clients;
(d) Health workers provide respectful, quality care and the satisfaction of persons with disabilities increases/is maintained at a high level;
(e) The capacity and systems of the LCDMS are enhanced for planning, budgeting, standards and policy development;
(f) Private PRCs and GON PTUs are independently and effectively implementing the HMIS/DHIS2 modules on rehabilitation and disability;
(g) LDCMS, PRCs, and PTUs have the capacity to independently conduct analysis on rehabilitation and disability data and share resulting findings with stakeholders; *and*
(h) Strengthened capacity of LCDMS, provincial and municipal governments, PRCs, and PTUs to analyze and effectively disseminate data on rehabilitation service delivery.

1.3.6.1.2 OBJECTIVE 1 ILLUSTRATIVE ACTIVITIES

Below please find the PRA Objective 1 illustrative activities:

(a) Embed technical assistance in the LCDMS to guide the development of a sustainable public-private rehabilitation service system and support fulfillment of the WHO's Rehabilitation 2030 goals in country;
(b) LCDMS mentors all private PRCs on programs, capacities and skills required to complete the HMIS/DHIS2 rehabilitation and disability modules;
(c) Mentor PRC technical and management staff to strengthen skills and capacity;
(d) Maintain or upgrade PRC equipment, as needed, and integrate equipment in management plans;
(e) Support public health system PTUs to provide effective service, including considerations of equipment, physical space, and staff capacity;
(f) Implement HMIS/DHIS2 modifications to capture data on rehabilitation and disability;
(g) Engage relevant stakeholders (DOHS divisions, provincial and municipal governments, and other private rehabilitation entities etc.) in dissemination of findings and conclusions from analysis of data on rehabilitation and disability; *and*
(h) Survey persons with disabilities as to their "patient satisfaction" with health facility service provision

1.3.6.2 OBJECTIVE 2: ACCESS TO REHABILITATION SERVICES IS INCREASED

1.3.6.2.1 OBJECTIVE 2 IRs

Below please find the PRA Objective 2 IRs:

(a) Health workers in Province 6 and Banke, Bardiya and Dang Districts of Province 5 have the capacity to detect and correctly refer persons with impairments for rehabilitation;
(b) Stakeholders, including persons with disabilities, DPOs, and CSOs successfully advocate for government support to quality, sustainable physical rehabilitation services;
(c) Effective outreach is jointly established by PRCs and PTUs to extend service coverage to potential clients; *and*
(d) Trained family caregivers have peer support from other trained family caregivers

1.3.6.2.2 OBJECTIVE 2 ILLUSTRATIVE ACTIVITIES

Below please find the PRA Objective 2 illustrative activities:

(a) Adapt, test, and implement curricula on detection and referral of impairments (for all age of beneficiary and with a number of impairments to be identified by the Applicant) throughout the activity area of SSBH (Province 6 and Bardiya, Banke and Dang Districts of Province 5);
(b) LCDMS supports provincial governments to develop and implement strategies for municipal governments to extend quality, sustainable rehabilitation services at a provincial scale;
(c) Support creation of PTU/DPO/CSO platform to develop skills of family caregivers, share lessons learned, and advocate for access to quality, sustainable rehabilitation services; *and*
(d) Design action research on gender-based disparities between rates of presentation of impairments and, based on findings, implement interventions to address any inequities

1.3.6.3 OBJECTIVE 3: THE SUSTAINABILITY OF THE PRCs IS STRENGTHENED

1.3.6.3.1 OBJECTIVE 3 IRs

Below please find the PRA Objective 3 IRs:

(a) PRCs are supported by provincial and municipal annual program planning and budgets; *and*
(b) PRCs are effectively implementing the Rehabilitation Management System

1.3.6.3.2 OBJECTIVE 3 ILLUSTRATIVE ACTIVITIES

Below please find the PRA Objective 3 illustrative activities:

(a) Support municipalities to implement, adjust, as needed, and provide feedback on strategies to LCDMS, through provincial officials;
(b) Support LCDMS to aggregate municipal and provincial feedback and articulate a flexible public-private rehabilitation framework; *and*
(c) Encourage PRCs to sustain and improve their NEPO.COM or other platform for exchange of views on clinical performance, management, outreach, and fundraising strategies

1.3.7 PHASED APPROACH TO PROGRAM IMPLEMENTATION

Subject to the availability of funds, USAID has structured the PRA as a five year program consisting of two phases with a $4M USD total estimated amount to support the foregoing activities as follows:

(a) Phase I = 36 months (i.e., 3 years)
(b) Phase II = 24 months (i.e., 2 years)

Advancement to project Phase II remains contingent upon:

(a) the availability of funds;
(b) successful achievement of the PRA Phase I objectives provided under **Sections 1.3.6** and **1.4.6**, respectively; *and*
(c) demonstrated program effectiveness during PRA Phase I (i.e., the first 36 months).

In addition to the aforementioned conditions precedent, the Recipient must:

(a) make an oral presentation at the end of the 30th month of the activity; *and*
(b) submit a written non-competitive continuation application and recommendation to the Agreement Officer for review and approval to advance to Phase II.

The AO will approve advancement to Phase II no later than 33 months after award. Below please find additional details regarding the PRA phased implementation in **Section 1.4.6**.

1.3.8 OUTCOME

The LCDMS thrives in its function of guiding public health development of rehabilitation interventions. PRC operational expenditures are reduced through shared assessment and follow-up responsibilities with the PTUs. Awareness of and support for rehabilitation services is high throughout PRA working provinces. Persons with disabilities feel welcomed at health facilities and health workers have been trained to detect and refer impairment in Province 6 and three Tarai districts of Province 5. Access to services is equitable for women, men, girls, and boys. More persons with impairments are treated earlier and achieve greater functional independence. Persons with disabilities and their families spend less for travel as the PTU and its outreach activities become the destination for some rehabilitation activities and they experience greater functional independence through more skillful domestic or family caregiving. PRCs are self-sustaining through a mix of funding from government, client fees and other non-USAID resources.

1.4 GUIDING PRINCIPLES

1.4.1 GENDER EQUITY AND SOCIAL INCLUSION (GESI)

USAID is committed to inclusive development which implies that every person, regardless of identity, is instrumental in transformation of their own societies and their inclusion throughout the development process leads to better outcomes. USAID's PRA will ensure that the approaches, methods and processes are non-discriminatory, and that women, remote area populations, and other traditionally marginalized groups with disabilities have equitable access to quality rehabilitation services. Any collaboration with DPOs will encourage application of the principles of gender equity within their organization and activities. Strategic approaches that optimize service coverage at a provincial scale are encouraged.

The PRA will also promote inclusive development through a caregiver approach. Caregivers will be offered opportunities to participate in training to:

(a) support family members to achieve their maximum function and quality of life, including attending school;
(b) promote independent living; *and*
(c) gain skills to effectively advocate for the empowerment and inclusion of persons with disabilities, including local government support for rehabilitation and other services.

The Recipient will be encouraged to adapt existing caregiver training materials for use in the PRA.

The PRA will assure that all training material for beneficiaries is accessible and developed in line with CRPD principles. The PRA will design all communication materials to counter traditional stigma against persons with disabilities. The PRA will promote the reasonable accommodation principle by advocating to health facility management to allocate budget for physical accessibility to facility premises.

USAID also works to ensure that persons with disabilities can be included in our development teams and encourages staffing that incorporates well-qualified persons with a disability. Applicants are welcome to set aside a portion of the budget for reasonable accommodation for any staff with disabilities.

STRIDE's community-based livelihood component has captured many best practices with regard to the empowerment and inclusion of persons with disabilities. While this activity will not directly support a livelihood component, means to link persons with disabilities and caregivers to government or other livelihood programs is welcome. Further, Applicants are welcomed to bring any private sector or corporate contributions with their proposal, particularly to support the addition of livelihood activities.

1.4.2 CONFLICT SENSITIVITY

Despite the Peace Accords and principles of equality enshrined in Nepal's constitution, sensitivities from the decade of armed conflict remain widespread and social divisions based on caste and ethnicity remain powerful and often destructive forces. Political processes are sometimes marked by enmity. A conflict sensitive approach takes into account and adjusts interventions according to the context, employing innovative approaches to avoid negative impacts and maximize positive ones. The PRA design must maximize positive and constructive dynamics in the context and communities in which proposed activities will be carried out. The project should ensure an adaptive management approach that is responsive to events on the ground and assures that PRA interventions do not exacerbate negative or destructive dynamics.

1.4.3 PUBLIC AND PRIVATE SECTOR COLLABORATION

The consolidation and expansion of the nascent public-private sector collaboration in rehabilitation service delivery is at the core of this activity. The PRA is expected to collaborate with and strengthen the public health sector to promote rehabilitation as an integral component of the broader health system. The PRA will work with other USAID partners and other development entities to engage in strategic dialogue with elected and appointed health and other government officials about the progress of decentralization in the federal system, in terms of its effect on public health and private rehabilitation service delivery systems. The PRA will encourage the PRCs to extend their zone of influence and service coverage at the provincial level. Excellent collaboration among LCDMS, provincial and municipal governments, PRCs, and PTUs is critical to design and implement effective strategies for provincial service coverage. To the extent feasible given the unique capacities and organizational structures of the PRCs and the complex decentralization process, uniformity in the framework of each PRC-PTU partnership is encouraged.

Whereas STRIDE brought in approximately half of its clientele through mobile camps, this activity will strengthen the capacity of public health workers and FCHVs so they can assume greater responsibility for detection of impairments. The Recipient will be encouraged to build upon the Early Detection and Referral health worker and FCHV training materials for use in the PRA. The PRA will encourage government at the appropriate levels to select health facility premises for PTUs that have well-frequented public transportation links to the PRCs, and to sanction and fill the required physiotherapist and auxiliary positions.

1.4.4 SUSTAINABILITY

To achieve sustainability, the PRCs must generate enough revenue or funding support to cover their operational and outreach costs. One contributing factor to sustainability is the nascent recognition of

physical rehabilitation as an inherent public health function. The PRA will build on this recognition and support a shift of some primary level rehabilitation service functions to the public health system.

Another contributing factor is the opportunity (and challenge) presented by Nepal's transition to a federal form of government. This presents an opportunity for PRCs to secure municipal public resources, albeit there will be many constituencies vying for these funds. The PRA will guide and support PRCs in the development of a coordinated, cost-effective and timely fundraising strategy that addresses demand for services, service coverage to date, and cost for services.

Unlike STRIDE, PRA will not provide general operational support to the PRCs. However, support can be extended for:

(a) equipment; *and*
(b) inputs for fund-raising.

USAID would like to promote uniformity of promotion and fund-raising as befits an integrated public-private rehabilitation system, to the extent feasible considering the distinctions between each PRC by organizational character, capacity and historical relationship in its working area, and each province as well, by its historical character and new development strategies.

1.4.5 EVIDENCE–BASED

USAID supports the WHO Rehabilitation 2030 Initiative (Rehab 2030). Through the MOHP, WHO has proposed Nepal as a pilot country for implementation of the "Rehabilitation Support Package" designed to assess rehabilitation services in a country and develop a strategy, action plan, and monitoring and evaluation framework to strengthen those services. Additionally, complementary rehabilitation modules for the DHIS2 and global rehabilitation indicators will be developed. The PRA will collaborate with the MOHP, WHO Nepal and WHO South and Southeast Asia Offices to support the roll out of the Rehabilitation Support Package tools in Nepal.

The PRA will support the LCDMS to mentor other rehabilitation service providers, which are interested to contribute data to the public health system, and to advise on enhancement of their database systems and improvements needed to allow data submission to the MOHP. To the extent that the LCDMS and other rehabilitation stakeholders determine that additional data is required, the PRA will coordinate to develop such national-level indicators.

The PRA will also establish baselines for health worker referral rates and track the success of this strategically important component of the activity. PRA will also add any indicators needed to monitor progress and support operational research. All PRA data will, at a minimum, disaggregate by disability, gender, ethnicity, location, and age.

1.4.6 FLEXIBILITY

USAID remains committed to incorporating flexibility into its procurement processes and awards to optimize the best outcomes. As per ADS 201.6, adaptive management is an intentional approach to making decisions and adjustments in response to new information and changes in context. Thus, USAID encourages strategic collaboration among a wide range of internal and external stakeholders, continuous learning, *and* adaptive management to connect all components of the Program Cycle

The apparently successful Applicant must host a Joint Application Development workshop per **Section 4.4.3** following the review and selection process per **Section 5.2** but prior to final award. During the Joint Application Development workshop, the apparently successful Applicant must share its program approach with GON officials and other key stakeholders to assure that the selected Applicant's program approach is well grounded in government-endorsed strategies and aligned to existing disability programs. GON officials may include the Coordination Division, MOHP, LCDMS from the EDCD, DOHS, other pertinent MOHP or DOHS divisions or bodies, *and* selected provincial representatives. Key stakeholders may include representatives from the Disability Donor Group, implementing partners, and pertinent private sector entities to assure that collaboration opportunities are well understood and selected as relevant and feasible.

As Nepal decentralizes its institutions and levels of authority, the roles and responsibilities of many elected and appointed officials remain undetermined. However, once finalized officials will face a learning curve. In this new context, partners should be flexible and prepared to adapt to changing conditions. It remains likely that the familiar problem of frequent transfers of public officials will continue to challenge development activities, suggesting a strategy of redundancy by training in sufficient numbers that most systems can weather change of trained officials. Thus, USAID's PRA must develop strategies for retaining trained PRC and PTU staff, and also to compensate for intermittent staff departure.

Given that decentralization's impact on public health service provision remains unclear, USAID will implement PRA in two phases to maintain flexibility with regard to timing, location, *and* level of implementation of measures expected by the GON. As per ADS 201.3.4.12, continuous monitoring and learning throughout an activity's lifetime may reveal the necessity for changes to the underlying agreement to facilitate adaptive management. Moreover, these changes may include adjustments in the scope, budget, ceiling, *or* key personnel outlined in the agreement, among other changes. Thus, subject to the availability of funds, USAID envisages PRA as a five year program consisting of two phases to incorporate flexibility, particularly with regard to the sanctioning of new physiotherapist positions and establishment of PTUs.

Phase I (Year One through Year Three) should be fully-defined. It should outline program elements that are primarily under the control of the implementing partner. It should also show how the PRA would work with PTUs, if the GON has sanctioned new posts, hired required personnel, and identified available premises for PTUs in locations from where reasonable partnerships can be elaborated. Phase II (Year Four trough Year Five) would continue from Phase I, with any additional activity elements required to augment, reinforce and sustain Phase I inputs and achievements. If, however, the PTUs do not materialize in Phase I, then Phase II will be redesigned with a modification and approval process with USAID, to accommodate that major change in approach and to introduce compensatory elements.

1.4.7 PHASE II ORAL PRESENTATION AND RECOMMENDATION

As per **Section 1.3.7**, contingent upon the availability of funds, successful achievement of the PRA Phase I objectives, *and* demonstrated program effectiveness during PRA Phase I (i.e., the first 36 months), the Recipient must make an oral presentation at the end of the 30th month of the activity *and* submit a written non-competitive continuation application and recommendation to the Agreement Officer for review and approval to advance to Phase II. The oral presentation *and* written

non-competitive continuation application must put forth the Recipient's evidence-based recommendation to Scale Down, maintain Status Quo, *or* Scale Up PRA in Phase II. However, for purposes of this NOFO, Applicants **MUST NOT** consider the Phase II oral presentation *or* corresponding recommendation in their PRA applications. Thus, as per **Section 4.4.1**, Applicants must submit applications that respond to the three objectives outlined in this NOFO under **Section 1.3.6**.

1.4.8 STRATEGIC LINKAGES

1.4.8.1 MANDATORY COLLABORATION WITH USAID ACTIVITIES

1.4.8.1.1 USAID's READING FOR ALL (R4A)

USAID's R4A is a three-year program that provides specialized educational materials and support to improve early grade reading outcomes for children with disabilities (CwDs). R4A will enhance GoN institutional and technical capacity at various levels to deliver quality reading instruction and support to CwDs through embedded TA with the government. It will test three inclusive education models in public schools. The activity will train head teachers on adaptive teacher instruction for CwDs and support locally made reading materials for CwDs. The activity will include regular school-based screening and referral of children identified with functional limitations to a medical expert.

1.4.8.1.2 USAID's SYSTEM STRENGTHENING FOR BETTER HEALTH (SSBH)

USAID's SSBH is a five-year activity that will support the government of Nepal in their efforts to improve health outcomes, particularly for the country's most marginalized and disadvantaged groups, in Province 6 and three districts of Province 5. It will improve access to and quality of maternal, newborn and child health, and family planning services, with special focus on newborn care, strengthening data driven planning and governance of the decentralized health system, which in turn will increase utilization of equitable, accountable, and quality health services. SSBH will also enhance equitable health service utilization through enhancing the capacity of Health Facility Operation and Management Committees (HFOMC). SSBH has responsibility to coordinate and facilitate with the Province 6 Health Directorate for all partners of USAID health activities.

1.4.8.1.3 USAID's SUAAHARA II

USAID Suaahara II "Good Nutrition" five-year activity aims to improve the nutritional status of pregnant women, and mothers and their children up to two years of age in 42 underserved rural districts of Nepal through a multi-sector partnership with the government of Nepal (GON), the private sector, and other USAID-funded activities. From pregnancy through twenty-four months is recognized as the crucial time frame for child growth and development. Mothers of infants are encouraged to engage in following a growth chart procedure at health facilities to ascertain whether health progress is optimal or problematic. Likewise, this is a crucial growth phase in which to refer children with disabilities for treatment.

Collaboration between PRA and Suaahara II would be optimal where health workers in Suaahara II districts are also trained by PRA for detection of persons with impairments and referral for treatment. In districts where health worker training on impairments is not provided within PRA or otherwise, the Recipient will be encouraged to negotiate with Suaahara II to find other existing procedures in

Suaahara II that can be grounds for collaboration, such as the growth milestone process that may indicate impairments that could benefit by rehabilitation interventions.

1.4.8.2 COLLABORATION ENCOURAGED WITH OTHER REHABILITATION DONOR ACTIVITIES

USAID, the United Nations International Children's Emergency Fund (UNICEF), WHO, the United Kingdom's Department for International Development (DFID), *and* the Australian Embassy serve as members of a Disability Donor Group for the purpose of coordination and advocacy for improved policies, programs and budgets to support rehabilitation and persons with disabilities and related activities. Applicants should confirm that they will coordinate as feasible and productive with the following donor activities to support synergistic outcomes as well as to avoid duplicative or otherwise conflicting activities. Where feasible and productive, partial collaboration with these and other donor rehabilitation activities can be proposed, to the extent that it would better achieve the results required for this activity.

1.4.8.2.1 DFID PORTFOLIO

DFID may implement a pilot activity that would teach competency-based basic physiotherapy skills to a paramedic level of health worker at selected health facilities. The pilot would be implemented in areas where the six existing PTUs have been established, to maximize the advantage of an accredited physiotherapist being available to mentor the paramedics.

1.4.8.2.2 UNICEF NEPAL

UNICEF supported Humanity & Inclusion (then Handicap International) to develop the Blue Box, a tool to help caregivers to stimulate children with developmental delays and related physical impairments. This tool may be helpful to teach caregivers of young children in the PRA.

UNICEF's "Making Development Disability-Inclusive for All Children in Nepal" plan of action proposes various data collection, national disability strategy formulation, and development activities that together integrate inclusiveness across UNICEF portfolio of activities for children. UNICEF's intentions may correlate with this NOFO if and where the following proposed activities are implemented:

(a) engaging with the DOHS on integrating system data on rehabilitation services from the public health care system and from private specialized services into the DHIS2;
(b) strengthening policy, operational capacity and implementation of disability grants with the Ministry of Federal Affairs and General Administration;
(c) analysis on the cost-effectiveness of disability-related interventions;
(d) improving inclusiveness in the peripheral health care system, including early identification and management of childhood disability and referral practices; *and*
(e) development of positive community attitudes, communication, and practices for home care and protection of children with disabilities.

1.4.8.2.3 WHO NEPAL AND SOUTH EAST ASIA OFFICE

WHO works through the MOHP and DOHS to support policies, planning, data analysis, and programming concerning prevention of disability and rehabilitation, as well as platforms for stakeholders to share information and identify and promote best practices in rehabilitation and prevention of disability. WHO has or does provide support in the following areas:

(a) promotion of healthy behaviors to prevent disabilities due to non-communicable disease;
(b) prevention and surveillance of birth defects, primarily related to nutrient deficiency and resultant neural tube defects;
(c) road traffic accidents, ambulance services, and injury prevention;
(d) inclusive emergency preparedness;
(e) identification of priority assistive technologies; *and*
(f) implementation of the basic services package, including expansion of positions for physiotherapists in public health outpatient and inpatient services.

WHO also has coordinated with the MOHP on a plan for MOHP engagement with the Rehab 2030 process starting in 2019. WHO may support a private sector PRC not supported through USAID resources. If that transpires, coordination between the Recipient and WHO about collaborative engagement on PRCs will be important.

1.5 MONITORING EVALUATION AND LEARNING PLAN

1.5.1 MONITORING

Performance monitoring tracks changes in indicators of service delivery, coverage, quality, and outcomes to see if desired results are occurring and whether implementation is going in the right direction. It involves a systematic process of monitoring program implementation; collecting and analyzing performance information to track progress toward planned results; using performance information and evaluation to make management decisions and allocate resources; and communicating achievements or shortcomings to advance organizational learning. Regular reporting on results indicators in annual performance and other reports gives the implementing partner and USAID a tool for gauging performance and understanding any unforeseen changes in strategy needed to achieve intended results.

While selecting indicators for performance monitoring and evaluation, Applicants should include the mandatory indicators provided in this NOFO, as well as to suggest other indicators that adequately describe their strategic approach to the activity.

1.5.1.1 MANDATORY FOREIGN ASSISTANCE FRAMEWORK INDICATORS

(a) Number of vulnerable persons benefiting from USG-supported social services (Equiv. ES.4-1);
(b) Number of service providers trained who serve vulnerable persons (ES.4-2);
(c) Number of U.S. Government-assisted organizations or service delivery systems that serve vulnerable persons strengthened (ES.4-3)

It will be the Recipient's responsibility to collect baseline data for any indicators for which no STRIDE or rigorous other data are available. Per USAID/Nepal policy, all person-level indicators for which data are collected and reported (either through routine monitoring, semi-annual/annual progress reports, evaluations or assessments), where appropriate, should be disaggregated by sex, age, and caste/ethnicity The caste/ethnicity disaggregation should be by the following six categories:

(a) Dalit;
(b) Muslim;
(c) Brahmin/Chhetri;
(d) Newar;
(e) Janajati; *and*
(f) other.

All age disaggregation should follow the standard age groups used in the NDHS. The M&E plan should include indicators or proxy indicators to track levels of social inclusion. For the purposes of this activity, disability-related disaggregation will be required. Any further disaggregation will be agreed upon in the Monitoring, Evaluation and Learning (MEL) Plan. During the initial program planning period, the Recipient will work closely with USAID to establish major milestones, program monitoring indicators, as well as baseline data and performance targets for each indicator as they relate to the descriptions of success.

1.5.2 LEARNING

The MEL Plan should outline the learning approach, including plans to identify and fill knowledge gaps through research, knowledge sharing, periodic reflection, and collaborating learning events. Learning action will include but not be limited to: a system of regular, periodic analyses of program challenges and accomplishments, reflection exercises, exchanges with other USAID activities, joint field visits with GON and USAID, and knowledge capture at the activity closeout.

The Recipient should demonstrate a commitment to organizational learning, ensuring each staff knows how they are contributing to the overall goal. In addition to being results-oriented, the team must be committed to continuously addressing and refining the learning agenda. Sustainability will be a key feature of the learning agenda and key learning questions on sustainability will be developed and assessed annually. GESI will be the focus of another learning agenda. Within the first year, the Recipient will conduct and submit an analysis of the STRIDE database to identify gender patterns in presentation for rehabilitation interventions. The Recipient will analyze if and where there is substantive evidence in the database to demonstrate gender bias. From their conclusions, the Recipient will propose any feasible interventions to encourage families to value females as equal to males in their decisions to seek rehabilitation services.

1.5.3 EVALUATION

USAID will design an objective, external midline review early within the third year that addresses the progress of financial and operational sustainability, the pertinent GESI issues identified within the first year, and any salient performance issues. The Recipient and USAID will utilize the results of the assessment to recommend any mid–course changes in strategy if needed. USAID will also commission an external Final Performance Evaluation.

1.5.4 MEL PLANNING PROCESS

The Applicant must submit an Abridged Activity MEL Plan that will include the theory of change for the proposed technical approach and be guided by the goal and results articulated in this NOFO. The Abridged MEL Plan shall include the following minimum contents:

(a) The primary indicators to be used to measure achievement of each of the intermediate results in the NOFO, anticipated life of project targets for these indicators;
(b) Strategy to assure good quality data collection and analysis; and monitoring approach in order to increase the body of empirical evidence to inform decision making and design appropriate rehabilitation interventions;
(c) Benchmarks for strengthening and refining capacity and for development of organizational sustainability for the PRC sub-partners;
(d) A draft Learning Agenda that includes plans and approaches to address the key gender and sustainability issues identified in Section V., above, and : (a) identify and fill knowledge gaps re the local context, (b) ensure analysis and application of knowledge to improve project effectiveness, (c) share results, lessons learned and promising practices.

The Recipient will prepare a full MEL Plan to cover the entire period of the Agreement within 90 days of award. The Recipient will work with the Agreement Officer's Representative (AOR) to ensure that the Plan aligns with the USAID/Nepal Performance Management Plan (PMP). It will be subject to review and approval by the USAID AOR and it will include the following minimum contents:

(a) The results to be achieved by the Activity (Results Framework or similar logic model);
(b) The Activity's monitoring approach, including indicators to be used to measure achievement of the results and detailed definition of each indicator;
(c) The source, method, and frequency of data collection;
(d) Description of how the performance data will be analyzed;
(e) Disaggregation of person-level indicator data by sex, caste/ethnicity, age, geography, and impairment;
(f) Tentative targets for each indicator (final targets will be set after the completion of the analytical and baseline studies);
(g) Learning activities, including knowledge capture and sharing at various levels;
(h) Plans for collaborating with any external evaluations planned by USAID; and any proposed internal evaluations;
(i) Roles and responsibilities for all proposed monitoring, evaluation and learning actions; *and*
(j) Benchmarks for the development of organizational sustainability for the implementing partners.

The Activity MEL plan will include annual and five-year targets, indicator definitions, and the process for ensuring data quality. The Activity MEL Plan must be revised as needed over the life of the activity in response to changes in the context, new learning, and updates to the theory of change. USAID and the Applicant will conduct periodic performance reviews to monitor the progress of work and the achievement of results as based on the targets specified in the Activity MEL plan.

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

2.1 NATURE OF THE RELATIONSHIP BETWEEN USAID AND THE RECIPIENT

The principal purpose of the relationship with the Recipient[31] and under the subject program is to transfer funds to accomplish a public purpose of support or implementation of the Project entitled "Physical Rehabilitation" which is authorized by Federal statute.

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

2.2 ESTIMATE OF FUNDS AVAILABLE AND NUMBER OF AWARDS CONTEMPLATED

Subject to funding availability, USAID intends to provide USD $4M in total of USAID funding over a five year period. Nevertheless, actual funding amounts remain subject to availability of funds, progress, and necessary approvals.

Please note that this NOFO consists of multiple phases and the final award will be determined after a Program Description is jointly developed between the selected organization and USAID. USAID may issue a pre-authorization letter to the selected Recipient to ensure co-development phase costs are reimbursed. No costs chargeable to the proposed award may be incurred before receipt of either a written authorization letter from the AO or a fully executed cooperative agreement.

USAID intends to award one cooperative agreement in response to this NOFO. Nevertheless, USAID reserves the right to fund any one ***or*** none of the applications submitted.

2.3 PERIOD OF PERFORMANCE

The anticipated Physical Rehabilitation cooperative agreement period of performance spans 5 years. USAID plans to fund approved activities starting in the 3rd quarter of USG fiscal year 2019 (i.e., May 2019 to April 2024), but reserves the right to incrementally fund activities over the duration of the program, if necessary, depending on program length, performance against approved program indicators *and* availability of funds.

[31] As per ADS 303.6, a Recipient is "[a]n organization that receives direct financial assistance (a grant *or* cooperative agreement) to carry out an assistance program on behalf of USAID, in accordance with the terms and conditions of the award and all applicable laws and regulations."

2.4 PLACE OF PERFORMANCE

Whilst USAID anticipates the Recipient shall conduct a majority of the work in the five provinces with PRCs that have been supported through USAID's STRIDE and in Province 6, which is the only province without a PRC, the PRA may also conduct collaborative activities with another PRC in Province 4.

2.5 SUBSTANTIAL INVOLVEMENT

USAID plans to negotiate and award a cooperative agreement given that USAID has determined its proposed involvement in the Physical Rehabilitation activity as reasonable and necessary per the policy contained in ADS Chapter 303 concerning non-governmental assistance activities. The Agreement Officer (AO) will monitor and maintain this substantial involvement, except to the extent that the AO delegates authority to the Agreement Officer's Representative (AOR) in writing.

USAID/Nepal will be substantially involved with the Recipient during the performance of the Cooperative Agreement to ensure that implementation proceeds as planned and is consistent with the Mission's Development Objectives. USAID/Nepal will be involved in the following areas:

(a) Approval of the Recipient's Implementation Plans;
(b) Approval of Specified Key Personnel; *and*
(c) Agency and Recipient Collaboration or Joint Participation

2.5.1 APPROVAL OF RECIPIENT'S IMPLEMENTATION WORK PLAN

The annual work plans and revisions thereto, are subject to AOR approval prior to implementing substantive work for each year of the Agreement.

2.5.2 APPROVAL OF SPECIFIED KEY PERSONNEL

For this program, the Applicant should identify and propose three Key Personnel positions for Agreement Officer's approval. After award, the Recipient shall request prior approval from the USAID Agreement Officer for the replacement of key personnel or changes in the key personnel positions.

2.5.3 AGENCY AND RECIPIENT COLLABORATION OR JOINT PARTICIPATION

When the Recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge, the AO may authorize the collaboration or joint participation of USAID and the Recipient on the program. There should be sufficient reason for Agency involvement and the involvement should be specifically tailored to support identified elements in the program description. When these conditions are met, the AO may include appropriate levels of substantial involvement such as the following:

(1) Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the Recipient. USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.

(2) Concurrence on the substantive provisions of sub-awards. Title 2 Code of Federal Regulations (CFR) 200.308 already requires the Recipient to obtain the AO's prior approval for the subaward, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement. If USAID wishes to reserve any further approval rights for sub-awards or contracts, it must clearly spell out such Agency involvement in the substantial involvement provision of the agreement.

(3) Approval of the Recipient's monitoring, evaluation, and learning (MEL) plan.

(4) Monitor to authorize specified kinds of 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 part of the award.

2.6 TITLE TO PROPERTY

Property title under the resultant agreement shall vest with the Recipient per the requirements of 2 CFR 200.310 and 2 CFR 200.316 regarding use, accountability, *and* disposition of such property.

2.7 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code under the resultant cooperative agreement is **937**. As per ADS 310.3.1.1, Code 937 is defined as "the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source. Procurement of agricultural commodities and related products, motor vehicles, and pharmaceuticals remain subject to the limitations in 22 CFR 228.19 and may require a waiver. Applicants can find further guidance on geographic Code 937 under ADS 310.3.1.1 available at the following link: https://www.usaid.gov/sites/default/files/documents/1876/310.pdf.

2.8 RESULTS FOR GEOGRAPHIC INFORMATION SYSTEM (GIS) FORMAT

2.8.1 METHODS OF DATA REPRESENTATION

During project implementation, the Recipient will provide USAID with geo-coded data sets for the following:

(a) Baseline;
(b) Indicators (Results/Outcomes); *and*
(c) Beneficiaries.

Where applicable, the Recipient shall geo-code the above categories of data for geo-enabled performance management reporting using local government unit (nagarpalika *or* gaunpalika). This data should be provided to USAID every reporting period (i.e. written reports, AIDTracker Plus (AT+, etc.). At the end of the Project, the Recipient shall provide all the accumulated data from the reporting periods using a reporting template provided by USAID and recorded in the Development Data Library at www.usaid.gov/data. This data collection should be reflected in the Project's monitoring and evaluation plan.

2.8.1.1 BASELINE

If a baseline survey or analysis is required and data is collected by the Recipient (rather than by a third party contracted by USAID), then the Recipient should provide USAID with numeric baseline data, geo-coded at the local government unit as appropriate. This will allow for comparison of pre- and post-intervention situations.

2.8.1.2 INDICATORS (RESULTS/OUTCOMES)

As appropriate, for all indicators in the MEL Plan that are reported in numeric form, the Recipient should record their source local government unit and organize the data to show targets and actual results by local government. Such indicators will be designated in the approved MEL Plan.

2.8.1.3 BENEFICIARIES

The Recipient shall provide data on the number of beneficiaries in each local government unit where the Project is implemented and the location coordinates of their worksites and administrative units. *Recipients shall establish and follow data security practices and honor the privacy of individuals.*

2.8.1.4 GEOGRAPHIC INFORMATION SYSTEM (GIS) AND DATA POLICY

Data: If the Recipient creates, collects, purchases, or acquires any data, spatial or non-spatial, that supports the aim of the Project, but is not specifically included in part one (1. Baseline), with USG funds, in whole or in part, either as a component or as part of design and implementation of the Project, then the Recipient must document digital spatial data according to Federal Geographic Data Committee Level 1 metadata standards (see www.fgdc.gov). (Free tools are available to create this metadata at the following link: http://www.fgdc.gov/metadata/geospatial-metadata-tools). The Recipient must:

- Deliver to USAID digital copies of spatial data with accompanying metadata;
- Provide USAID all processed, intermediate and raw data;
- Make spatial data available to the public at the cost of reproduction; *and*
- Upload data to a web-based data repository that has ability to search and discover per directives and systems provided by USAID *or* the Geo-Center in Washington, DC.

2.8.1.5 SOFTWARE

If the Recipient develops software such as applications/apps (i.e. GIS, other software, etc.) to process project-related data, the Recipient must provide such software, documentation of the software, and copy and source code of the software to USAID/Nepal. If the Recipient develops an online repository of project-related information, then it is mandatory for the Recipient to provide USAID/Nepal full access to this information, including the right to extract and use of data. If the Recipient buys software with significant resources, a mechanism must be worked out with USAID with regards to its use after the Project closes out.

Geo-spatial data described above is guided and regulated by the following USG regulations, circulars and Executive Orders (EO):

- EO 12906 – Coordinating Geographic Data Acquisition and Access: The National Spatial Data Infrastructure (April 13, 1994) – for sharing and coordinating the production and use of geospatial data;
- Office of Management and Budget (OMB) Circular A-16 Revised (August 19, 2002) – An elaboration on EO 12906;
- OMB Circular A-130 Revised – Management of Federal Information Resources;
- USAID's ADS 507 (August 24, 2012) – Freedom of Information Act;
- USAID's ADS 551 – Data Administration;
- USAID's ADS 557 (August 5, 2011) – Public Information;
- ADS Chapter 201 (March 23, 2012) – Planning;
- ADS Chapter 202 (January 25, 2012) – Achieving; *and*
- ADS Chapter 203 (February 12, 2012) – Assessing and Learning

2.9 DISASTER READINESS

Nepal is exposed to multiple natural disasters, including flood, landslide, drought, fire, and earthquake. As such, Nepal is a seismically active zone and is considered at high risk of earthquakes. Minor tremors are not uncommon. Earthquakes are impossible to predict and can result in major devastation and loss of life. There are several websites focusing on earthquakes preparedness, including http://www.ready.gov/earthquakes. The Emergency Preparedness Guide created by the U.S. Embassy Nepal's Consular Section will be shared with apparently successful Applicant. In the event of a major natural or manmade disaster, entities operating in Nepal must be prepared to be self-sufficient. To facilitate emergency preparedness, USAID requires implementing partners to develop sound Emergency Preparedness and Response Plan (EPRP). USAID also requests implementing partners to incorporate disaster risk reduction into their activities when applicable.

2.9.1 DISASTER RISK REDUCTION

Addressing vulnerabilities to, and preparation for, anticipated and recurring natural hazards requires sound awareness and advocacy within the government, external development partners, civil society and the general public. The Implementer is encouraged to promote disaster resilience and continually seek creative opportunities for incorporating disaster risk reduction into program activities. This includes such activities as awareness raising and advocacy for emergency preparedness and disaster risk reduction within the Government of Nepal. The Implementer is expected to ensure that project training, where appropriate and as directed, include appropriate emergency preparedness and disaster risk reduction elements.

2.9.2 IMPLEMENTER PREPAREDNESS

The successful Applicant must develop an EPRP that prepares for the impact of a large-scale disaster on both staff and program implementation. After award, the implementer has 90 days to prepare and submit its EPRP. The EPRP will contain the following:

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1. Primary contacts within the implementer's organization and sub-partners, noting if back up communications (i.e., radio, satellite phone, etc.) are available.

2. Primary contacts with USAID/Nepal and their information. In the event of a major disaster, USAID wants to maximize the possibility of Implementer being able to contact USAID. This should include contact information and backup communications information of:

    - AOR and Alternate AOR;
    - Office Director and Office Deputy Director; *and*
    - Agreement Officer

3. Plans for awareness raising, information sharing and educating of staff and sub-partners, including drills and other practice in an event of an emergency. The Implementer is expected to inform its staff about the contents of its EPRP through training and drills or other similarly effective methods.

4. Resource list identifying items on-hand and items necessary during an emergency. This may include solar-powered satellite phones with numbers, contents of go-bags and stay-bags, portable generators, essential survival equipment first-aid and other medical resources, etc., and their locations. For example, the items should have mention of specific locations in an identified room, car, or other location in offices, work vehicles, or project locations which is understood by the entire staff and sub-partners.

5. Communications plan identifying the chain of communication for staff and their families, head office, field offices, and sub-partners.

6. Description of post-disaster recovery activities within the manageable interest of the partner which could be undertaken in the case of a natural disaster. The Implementer should not dedicate resources beyond preparedness for responding to staff needs. However, partners should be prepared for contingencies, including the possibility that USAID may modify activities within the award as a result of a disaster.

The brevity required for the EPRP submission to USAID does not in any way restrict the Implementer from developing a fuller emergency preparedness manual for use by project management and staff. Additionally, the Implementer can request the U.S. Embassy to share details of its own earthquake preparedness planning for staff.

2.10 NOTICE OF AWARD

As per ADS 303.3.7.1, only the AO may notify the apparently successful awardee regarding further considered for an award. The AO shall transmit the signed Notice of Award (i.e., the authorizing document) electronically to the authorized agent of the successful organization for countersignature to be followed by original copies for execution.

2.11 IMPLEMENTATION OVERSIGHT

The Recipient shall be responsible to USAID/Nepal for all matters related to the execution of the agreement, specifically, the Recipient shall report to the USAID AOR and to the AO per ADS 303.2(d) and 303.2(f), respectively.

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

3.1 ELIGIBLE APPLICANTS

All qualified potential Applicants are eligible to apply. USAID seeks to make awards to a U.S. or non-U.S. non-governmental organization (NGO) or a private, non-profit organization (or a for-profit company willing to forego profits) that has concrete assets for strengthening equitable and quality service delivery within national and local policies and implementation plans, access to services, and sustainability of the PRA PRCs. This includes a strong track record in implementation, monitoring & evaluation (M&E), local capacity building with a focus on learning and use of data for decision-making, and credibility in policy engagement processes. Since USAID aims to work with experienced organizations to focus on and build local and community capacity, USAID will not provide separate technical assistance to partners. Any anticipated technical assistance needs (i.e., for M&E, knowledge management, etc.) must be built into activity design.

In the case of a consortium, the Applicant must be the consortium lead and must identify any other members of the consortium or individuals tied to the implementation of the activity as described in the application, along with all sub-awardees. The respective roles of any other members of the consortium or individuals, including all sub- awardees, must be described and separate budgets must be attached for each.

USAID welcomes applications from organizations that have not previously received financial assistance from USAID. Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established USG standards, laws, and regulations.

To be eligible for a Cooperative Agreement, an organization must be any of the following types of organizations:

1. **Non-Federal Entities (referred to as U.S. NGO)** – U.S. NGOs that meet the definitions in 2 CFR 200.69.

2. **Nonprofit Organization (also referred to as U.S. NGO)** – U.S. non-profit organizations that meet the definition in 2 CFR 200.70.

3. **Foreign Entities (referred to as non-U.S. NGOs)** – either non-profit or for profit organizations not affiliated with a foreign government that meet the definition in 2 CFR 200.47.

4. **Public International Organization (PIO)** – PIOs that meet the definitions in ADS 308.

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

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

3.2 COST SHARING OR MATCHING

As per ADS 303.3.10 cost share refers to the resources a Recipient contributes to the total cost of an agreement. Cost share becomes a condition of an award when it is part of the approved award budget. The cost share must be verifiable from the Recipient's records; for U.S. organizations it is subject to the requirements of 2 CFR 200.306, and for non-U.S. organizations it is subject to the Standard Provision "Cost Share;" *and* can be audited.

USAID has established a suggested, but not required, cost share of 10 percent for the Recipient of the award under this NOFO. Although there is no general legislative requirement that Recipients of grants or cooperative agreements must cost share, USAID policy is that cost sharing is an important element of the USAID-recipient relationship. Applicants must specify the in-kind or cash cost share dollar contributions, if any, as part of the required top line summary budget per NOFO **Section 4.5.1.3**. USAID will consider cost sharing to break ties between applications with equivalent consensus adjectival ratings after evaluation against all other factors. Thus, applications that include in-kind or cash cost share contributions will be more competitive. In addition to USAID funds, Applicants are encouraged to contribute resources from their own private or local sources for the implementation of this program, where feasible. Such funds may be mobilized from the Recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. Nevertheless, as per Procurement Executive's Bulletin (PEB) No. 2007-02 contributions "[a]re not paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or matching "(i.e., Applicant may not make cost share contributions by other USG funding sources). Applicants can find further guidance on cost sharing in grants and cooperative agreements under ADS 303.3.10, 303.3.10.1 and 303.3.10.2, respectively.

3.3 PROGRAM INCOME

Any program income generated under the award(s) will be added to USAID funding (and any cost-sharing that may be provided) and used for program purposes. Program income will be subject to 2 CFR 200.307 for U.S. NGOs or the standard provision entitled "Program Income" for non-U.S. NGOs.

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

4.1 AGENCY POINT OF CONTACT

USAID/Nepal's Point of Contact email address is as follows for inquires *or* submission of applications: kathmanduoaaexchange@usaid.gov.

4.2 QUESTIONS AND ANSWERS

Applicants should submit all questions regarding this NOFO in writing to kathmanduoaaexchange@usaid.gov no later than the date indicated in this NOFO cover page to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this NOFO. Applicants must refrain from any communication with any other USAID staff, including the Technical Office, during the solicitation and evaluation phases.

If that information requested is necessary for adequate submission of an application or if lack of the information would prejudice any other prospective Applicant, USAID will furnish any information given to a prospective Applicant concerning this NOFO to all other prospective Applicants as an amendment to this NOFO.

4.3 DEADLINE AND ELECTRONIC SUBMISSION

This announcement is found on the internet at www.grants.gov.

Applications are due to USAID/Nepal no later than the date and time indicated on the Cover Letter, and as amended to this NOFO. USAID should receive Application no later than the indicated deadline. The AO may review and consider late or incomplete per ADS 303.3.6.6.

All application files submitted must be compatible with Microsoft (MS) Office in a MS Windows environment *or* portable document format (.pdf). The subject of each e-mail must read as follows:

"NOFO: 72036719RFA00001 – USAID's Physical Rehabilitation Activity"

Applicants are reminded that email is NOT instantaneous, in some cases delays of several hours may occur from transmission to receipt. For this NOFO the initial point of entry to the government infrastructure is USAID/Nepal mail server.

Applicants must retain for their records copy of the e-mails and application and all enclosures which accompany the application. Telegraphic or faxed application is not authorized for this NOFO and shall not be accepted.

Questions *or* requests for clarifications regarding this NOFO must be submitted via email to: kathmanduoaaexchange@usaid.gov no later than the time indicated on the Cover Letter, and as amended. The response to all the questions and clarifications received from the prospective Applicants will be posted as an Amendment to the NOFO in the: http://www.grants.gov.

4.4 APPLICATION AND SUBMISSION PROCESS

The Government intends to award a cooperative agreement. USAID conducts the "Physical Rehabilitation" assistance selection process per 2 CFR 200, 2 CFR 700, *and* ADS Chapter 303.

4.4.1 APPLICATION

Applicants must submit applications that respond to the three objectives outlined in this NOFO under **Section 1.3.6**. USAID will conduct a merit review of the applications. USAID will invite the apparently successful organizations to the Joint Application Development phase. Moreover, USAID will individually notify each Applicant in writing on the success of its application per ADS 303.3.7.1, which will include Strengths and Weakness identified during the merit review process. USAID will identify Weaknesses; as well as questions and request for clarifications resulting from the merit review with the apparently successful Applicant invited to the Joint Application Development phase, during which the apparently successful Applicant must resolve the identified weaknesses and address any questions or requests for clarifications.

4.4.2 CO-CREATION

As per ADS 201.3.4.3, Missions are encouraged to use solicitation approaches that support innovation, co-creation, *or* co-design when appropriate for creative programming opportunities. ADS 201.6 define co-creation as "a design approach that brings people together to collectively produce a mutually valued outcome, using a participatory process that assumes some degree of shared power and decision-making."

Co-creation is a design approach that brings people together to collectively produce a mutually valued outcome, using a participatory process that assumes some degree of shared ownership and decision-making. By involving local organizations, the private sector, traditional USAID implementing partners, local experts, host country government officials, and other international donors during the co-creation process, can greatly enhance opportunities for increasing local ownership of USAID programming. Moreover, co-creation can also lower the programmatic risk that USAID will not achieve the intended results, because the activity design and implementation will be informed by engagement with a broader array of stakeholders. USAID envisages an open, creative back-and-forth process with external experts and implementers to:

- build a strong analysis rooted in multiple, diverse perspectives and forms of expertise;
- promote multiple viewpoints that will help to identify parameters, prioritize focus areas, or identify opportunities for system collaboration;
- solicit the feedback, validation, and buy-in of multiple stakeholders;
- better understand local needs and constraints and encourage local communities to act; *and*
- approach development through a more inclusive, collaborative, creative, and open process.

4.4.3 JOINT APPLICATION DEVELOPMENT

The apparently successful awardee (i.e., Applicant) will collaborate with USAID, the Ministry of Health and Population, *and* other major stakeholders to develop a full Program Description per **Section 4.4.2**. USAID anticipates the joint application development process should last

approximately one week. Thereafter, the Applicant will have additional 15 days to prepare a final application, including a final Program Description; Monitoring, Evaluation, and Learning Plan; Sustainability Plan; Management and Staffing Plan; Implementation Plan; *and* a Cost Application with a detailed budget and budget narrative. USAID will evaluate this final application as Pass/Fail.

4.5 APPLICATION CONTENT AND FORMAT

It is USAID policy that English is the official language of all award documents because a translation may not convey the full meaning of the original. If an application or any supporting documents are provided in both English and a foreign language, each document must state that the English language version is the controlling version.

Applications must include only one prime Applicant, which may enter into sub-agreements or contracts with partner institutions. In this case, the prime Applicant shall be responsible for establishing and maintaining sub-agreement *or* contracting relationships with proposed partners. For the purposes of this NOFO, the term "Applicant" is used to refer to the prime and any proposed partners.

Applicants must submit the application via email to: kathmanduoaaexchange@usaid.gov with the subject line:

"NOFO: 72036719RFA00001 – USAID's Physical Rehabilitation Activity"

In the event of technical difficulties during electronic submission of an application, Applicants must contact kathmanduoaaexchange@usaid.gov.

4.5.1 APPLICATION REQUIREMENTS

Application made in response to this funding opportunity shall be specific, complete and presented concisely and within the page limit. The applications shall demonstrate the Applicant's capabilities, knowledge of the context, expertise, and approach with respect to achieving the goal and objectives of this program. Applications shall take into account requirements of the program and the merit review criteria found in this NOFO. Applicants should be specific and realistic in stating what will be achieved given the proposed activities, budget and time frame. The Applicant should focus on the content of its application on the proposed approach. The Applicant must take into account the merit review criteria found in **Section E** below.

All applications received by the deadline shall be reviewed for responsiveness to the specifications outlined in these guidelines and compliance with the application format. Applicants are expected to review, understand, and comply with all aspects of this NOFO. Failure to do so shall be at the Applicant's risk. Each Applicant must provide the information required by this NOFO. Applicants must sign the application and print or type their name on the cover page. Erasures or other changes must be initiated by the person signing the application. Applications signed by an agent must be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

Applicants who include data that they do not want to disclosed to the public for any purpose or used by the USG except for evaluation purposes, shall mark the title page with the following legend: "This

application includes data that are not to be disclosed outside the U.S. Government."

The application must be prepared according to the structural format set forth below.

4.5.1.1 TECHNICAL APPLICATION FORMAT

- **Paper Size:** A4 (i.e., 210 by 297 millimetres *or* 8.27 in × 11.7 in) *or* Letter *or* American National Standards Institute (ANSI) Letter (i.e., 8.5 by 11.0 inches *or* 215.9 by 279.4 mm)
- **Type Size:** 12 point font
- **Font Style:** Times New Roman *or* similar serif typeface
- **Spacing:** Single spaced
- **Margins:** 1 inch (top, bottom, left, *and* right)
- **Page Limitation:** Not to exceed 30 pages, not including, cover page, table of contents, acronym list, the executive summary, dividers, and annexes. Any pages of the application that exceed the page limitation will not be considered.
- **Page Limitation Annexes:** Past Performance not to exceed 3 references with 1 page per reference. Each résumé *or* curriculum vitae (CV) must not exceed 3 pages.
- **List of required Annexes:** Monitoring, Learning and Evaluation Plan; Sustainability Plan; Management and Staffing Plan; Implementation Plan; Institutional Capacity; Past Performance.

Documents must be in Microsoft Word or Portable Document Format (pdf). Do <u>NOT</u> send files in ZIP file format.

The application should take into account and be arranged in the order of the criteria specified in **Section E: Application Review Information**.

4.5.1.2 TECHNICAL APPLICATION CONTENT

The application, at a minimum, must contain the following:

(1) Cover Page

The cover page does not count against the 36-page limitation. The cover page is a single page with the Project title and NOFO number, the names of the organizations/institutions involved, and the lead or primary Applicant clearly identified. In addition, the cover page must provide a contact person for the prime Applicant, including this individual's name (both typed and his *or* her signature), title or position within the Applicant's organization/institution, address, telephone and fax numbers and e-mail address. The cover page also states whether the contact person is the person with authority to contract for the Applicant, and if not, the person with authority should also be listed with the same required contact information. The USG Tax Identification Number and Dun and Bradstreet Universal Numbering System (DUNS) of the Applicant's organization must be listed on the cover page.

(2) Table of Contents and Acronym List

The table of contents and acronym list do not count against the 36-page limitation. The table of

contents lists all parts of the concept paper with page numbers and attachments. The acronyms list spells out all acronyms used in the application in alphabetic order.

(3) Executive Summary (1 – 2 pages)

In two pages or fewer, the Applicant must summarize:

(a) Proposed goals;
(b) Key activities to achieve the PRA goal and three objectives under **Section 1.3.6**;
(c) Anticipated results; *and*
(d) Applicant's management approach.

(4) Program Narrative (15 pages)

The Program Narrative should be a comprehensive and realistic approach to achieve the goal and objectives described in **Section A**. This section must include a clear description of the conceptual approach and describe the Applicant's methodology and techniques. Proposed activities should be informed by evidence or promising practices, lessons learned *or* relevant international standards that will effectively achieve the desired goal. The narrative should describe the Applicant's technical understanding of the challenges, needs, and opportunities to meet the goal and objectives of the physical rehabilitation.

In this section, the Applicant must not repeat what is already described in the NOFO. The Applicant must present a convincing and compelling articulation of their technical approach, while meeting this NOFO's criteria. Applicants must focus on describing *how* they propose to achieve the program goal and objectives. The Applicant must elaborate in their technical approach, the most effective way to develop and realize the results of this program including the reasonable course of action and tasks that are relevant to the current needs and political context of Nepal. The Applicant should also demonstrate knowledge of Gender Equality and Social Inclusion (GESI) by describing how GESI will be integrated in each objective. The Applicant must also describe their understanding of physical rehabilitation and how they will collaborate with the GON, the private sector (where relevant), and existing USG and other donor programs.

Required Annexes:

(5) Monitoring, Evaluation, *and* Learning (MEL) Plan (3 – 4 pages)

Whilst tthe MEL Plan will be finalized after award, the Applicant's GESI approach must be highlighted throughout the MEL Plan. The MEL Plan must explain how the Applicant proposes to monitor the project performance and measure results. The MEL Plan must include indicators, targets, data sources, frequency of data collection, collection methods, data verification, and responsible parties for data collection and baseline information. The Applicant must discuss the ways in which the collection, analysis and reporting of performance data shall be managed under the Project. All data collected must be disaggregated by sex, caste/ethnicity, *and* disability. The Applicant's proposed measures and benchmarks for sustainability should also be included in the MEL Plan.

(6) Sustainability Plan (2 – 3 pages)

The Applicant must explain how their approach, to the extent possible, as described in the Program Narrative, can be sustained after the project period. The application should outline benchmarks by objective for achieving sustainability.

(7) Management and Staffing Plan (2 – 3 pages)

The management and staffing plan must present the Applicant's strategy for managing the implementation of the tasks to achieve the Project's goal and objectives described. The Applicant must propose a staff, team *or* consortium structure, which provides a wide range of strategic and technical assistance to achieve the project's objectives. Whilst not required, USAID encourages Applicants to propose and employ Nepali nationals, and subcontract work under this award to Nepali firms and organizations, in support of USAID/Nepal's local capacity development goals to advance self-reliance principles.

a. Management Plan

The Applicant must demonstrate transparent, accountable, bold and articulate leadership in the rehabilitation sector. Since the PRA will require regular coordination with GON and other entities with offices in Kathmandu, the PRA will also have its main office in Kathmandu.

Management of Partnerships and Sub-recipients: Applicants must describe how they will establish relationships with key stakeholders, including, if necessary, how such relationships will be formalized. (e.g., LCDMS, PRCs, provincial and municipal governments, PTUs, other rehabilitation organizations or networks). The aim of partnerships is to make optimal use of each organization's expertise, assign appropriate roles in carrying out program tasks and build organizational capacity and sustainability, where relevant. Primary sub-recipient agreements should be with the PRCs, and any other sub-recipient relationships can be proposed.
The Applicant must include a Rapid Mobilization Plan that describes the work plan for the first six months of this agreement, specifying proposed project start-up activities and timeline. Applicants should propose a staffing plan that accounts for the additional activities in Province 6, including early development of PTUs and system for collaboration with PRCs, and training and coaching health workers, FCHVs and caregivers. The Applicant can decide whether it is cost-effective to have a secondary office for Province 6 (including three districts of Province 5).

b. Staffing

The staffing section of the plan must specify the composition and organizational structure of the project team and describe each staff member's role, responsibilities, technical expertise, and estimated percentage of time each will devote to completing tasks under this Project. It should clearly describe the roles and responsibilities of the Applicant's home office/headquarters, field staff, consortium partners, or sub-partners, as applicable. The Applicant must describe how any proposed additional long-term or short-term positions will carry out the Applicant's technical approach to achieving each of the Project's goal and objectives. The Applicant must indicate the employer for each staff - prime or partner; local,

U.S., or other.

Applicants must propose three key personnel to implement the Project:

(1) Rehabilitation Program Manager;
(2) Sustainability/Governance Manager; *and*
(3) Technical Advisor to LCDMS

The organizational director could be the Rehabilitation Program Manager or Sustainability Manager position or the organizational director could be a separate position, with a role in the PRA, but not a key role. The roles and responsibilities of the Rehabilitation Program Manager and the Sustainability Manager must be clearly outlined to ensure coordination and synergy, without duplication of responsibilities. The Technical Advisor would be seconded to the LCDMS to support the work of that section.

Short-term expatriate and Nepali expertise can be proposed as required to implement this program effectively.

c. Key Personnel

Applicants must submit résumés *or* curricula vitae (CVs) for all proposed key personnel. Copies of certificates that verify applicable expertise for the proposed key personnel may be included. The résumés *or* CVs must be no more than three pages each and should include at least three professional references with current telephone numbers or email addresses for each reference. Each résumé *or* CV must be accompanied by a signed letter of commitment from each candidate indicating his *or* her availability to serve in the stated position on a specific date and for a definitive term of service. Please note that documentation that reflects an exclusive relationship between an individual and an Applicant is not requested and should not be submitted.

The following personnel are essential to the successful implementation of the Physical Rehabilitation Activity:

(1) Rehabilitation Program Manager:

The Rehabilitation Program Manager is in charge of rehabilitation service delivery, including professional rehabilitation skill development; systems development for technical collaboration between public and private sectors; development of caregiver platform or network; quality control for development of training curricula or adjustment of existing training curriculum. The Rehabilitation Program Manager should possess and demonstrate the following:

- A minimum of five years of experience in a rehabilitation managerial position *or* related health service delivery programs, ideally in Nepal or elsewhere in Asia;
- A post-graduate degree (i.e., Master's or doctoral level) in public health, management, *or* a related field preferred *or* a Bachelor's degree and a minimum six years of managerial experience in related work;

- Demonstrated expertise in the required technical areas, including compliance of award conditions, sub-award management, monitoring and evaluation, tracking performance and costs, logistical planning, community mobilization, and ideally, operational research;
- Knowledge of issues influencing community participation in community-based interventions and effective outreach approaches preferred;
- Demonstrated leadership, analytical abilities, and communication skills; ability to manage programs to accommodate a changing political and de-centralizing environment; *and*
- Excellent written and speaking English skills.

(2) Sustainability/Governance Manager:

The Sustainability/Governance Manager is in charge of mentoring the PRCs for financial self-sustainability, including business administration; and development of productive relationships with government and other entities that can contribute to sustainability. The Sustainability/Governance Manager should possess and demonstrate the following:

- A minimum of three years of experience in a managerial position for organizational capacity development or business development, in developing countries, preferably in Nepal;
- A post-graduate degree (i.e., Master's or doctoral level) in management or a related field preferred *or* a Bachelor's degree and a minimum of five years of experience;
- Demonstrated expertise in the relevant technical areas, including building of organizational capacity in the public sector and NGOs; marketing, business planning, financial management, and fund-raising skills; governance;
- Demonstrated creative problem solving skills, good communication and collaboration skills, including experience in partnering with government and ability to innovate;
- Knowledge of Nepalese provincial and local level government structures and systems and issues influencing local support to health and rehabilitation services;
- Demonstrated ability to manage programs to accommodate a changing political and decentralizing environment; *and*
- Fluent written and speaking English skills.

(3) Technical Advisor to LCDMS:

The Technical Advisor to LCDMS is responsible for advising the LCDMS on governmental program planning and design, and budgeting; development of information management for the Section; identification of research needs; and advocacy on behalf of private sector rehabilitation service providers that coordinate with the public health care sector. The Technical Advisor to LCDMS should possess and demonstrate the following:

- A minimum of four years of national and international technical experience in the field of rehabilitation, working on activity of similar scope;

- A post-graduate degree (i.e., Master's or doctoral level) in rehabilitation related field or management/health care management preferred *or* a Bachelor's degree and five years of relevant experience;
- Demonstrated expertise in rehabilitation service planning, design, and budgeting; experience in office systems;
- Previous experience working with government on rehabilitation required, preferably working on policy and planning;
- Previous rehabilitation experience or health care management;
- Demonstrated problem solving, communication, *and* advocacy skills; *and*
- Fluent written and speaking English skills.

d. Management Organogram (1 – 2 pages)

The Applicant must map out how it will manage Physical Rehabilitation using an organogram. The proposed roles and responsibilities of full-time and part-time personnel, the management responsibilities per Objective, relationship to the GON, *and* to any proposed partners should be depicted clearly.

(8) Institutional Capability (1 page)

The Applicant must clearly demonstrate the institutional capability and experience of all proposed organizations to implement this PRA. This section demonstrates all proposed partners' capability and experience in managing projects with similar objectives, magnitude, and complexity. The Applicant must clarify the Applicant's and its partners' institutional roles and responsibilities, and how those responsibilities complement one another to implement all three objectives of Physical Rehabilitation.

(9) Implementation Plan (3 pages)

As an overall roadmap of Physical Rehabilitation, the implementation plan is the higher level plan spanning the total period of performance and will be detailed later by the annually submitted work plans and the MEL Plan. The plan also clearly outlines the links between the proposed results, conceptual approach, and performance milestones, and should include a realistic timeline for achieving start-up, midpoint, and end-of-program results.

(10) Past Performance Summary (1 – 2 pages)

As per ADS 303.3.9, an Applicant's history of performance can serve as an indicator of the quality of its future performance. An applicant must provide a list of all its cost reimbursement contracts, grants, *or* cooperative agreements involving similar or related programs during the past three years. The reference information for these awards must include the performance location, award number (if available), a brief description of the work performed, *and* a point of contact list with current telephone numbers.

USAID will validate the applicant's past performance reference information based on existing evaluations to the maximum extent possible, and make a reasonable, good faith effort to contact all references to verify or corroborate the following:

- How well an applicant performed,
- The relevancy of the work performed under the program,
- Instances of good performance,
- Instances of poor performance,
- Significant achievements,
- Significant problems, and
- Any indications of excellent or exceptional performance in the most critical areas.

USAID may use the Contractor Performance Assessment Reporting System (CPARS) and the Past Performance Information Retrieval System (PPIRS) if there is information available on the recipient in these systems, taking into account the differences between performance under acquisition and performance under assistance. Further, USAID may contact references other than those provided in the application.

4.5.1.3 COST APPLICATION

The Applicant must submit a top line summary budget inclusive of all program costs, broken out by major budget category and by year for activities; separately from the Technical Application. In general, the top line summary budget will include Applicant's proposed total estimated cost of the project with a brief cost breakdown (salaries, sub-awardee's/partners' cost). USAID will select one apparently successful Applicant for joint development of a full program description. After the program description is finalized by USAID, the apparently successful Applicant will be requested to submit a Cost Application with a detailed budget and budget narrative. The apparently successful Applicant will be asked to include the following documents with their cost application:

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

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

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

   Pursuant to 2 CFR 200 Contract means a legal instrument by which the Applicant purchases property or services needed to carry out the project or program under a resulting award. The

term does not include a legal instrument when the substance of the transaction meets the definition of a Federal award or sub-award (see § 200.92 Sub-award), even if the Applicant considers it a contract. The Applicant must select the sub-contractor based on the work to be performed, the risk borne by the contractor, the contractor's investment, the amount of subcontracting, the quality of its record of past performance, and industry profit rates in the surrounding geographical area for similar work.

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

3. Negotiated Indirect Cost Rate Agreement: The Applicant must submit a Negotiated Indirect Cost Rate Agreement (NICRA) if the organization has such an agreement with an agency or department of the U.S. Government. If Applicant wishes to propose indirect cost rate(s), but does not have a NICRA, the Applicant must choose one of the two options below:
Option 1: Applicant should submit one of the following:

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

Audited Financial Statements Report: An auditor issues a report documenting the audit was conducted in accordance with Generally Accepted Auditing Standards (GAAS), the financial statements are the responsibility of management, provides an opinion that the financial statements present fairly in all material respects the financial position of the company and the results of operations are in conformity with the applicable financial reporting framework (or issues a qualified opinion would have if the financial statements are not in conformity with the applicable financial reporting framework).

Option 2: de minimis rate Any non-Federal entity that has never received a NICRA (with some exception) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely in accordance with CFR 200.414 (see below the exact regulation). 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 for a rate, which the non-Federal entity may apply to do at any time. Please note that once an organization elects to charge the de minimis rate of 10 percent, they cannot propose a separate fringe benefit rate to be applied to staff salaries that are directly attributable to individual grants/projects. For fringe benefits associated with direct labor, the organization will need to provide actual cost estimates for each type of benefit that the individuals charging direct will be paid and supporting documentation to support their estimated cost. For instance, instead

of providing 19 percent for fringe, Applicant should provide estimated cost for FICA, Medical Insurance, Retirements plan, etc. separately.

2 CFR § 200.414: Indirect (F&A) costs (f) Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph D.1.b, may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. As described in §200.403 Factors affecting allowability of costs, 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 for a rate, which the non-Federal entity may apply to do at any time.

Modified Total Direct Cost (MTDC) – As described under 2 CFR §200.68 the MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

Unique Entity Identifier and System for Award Management: USAID will not award to an Applicant until the Applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements. Each Applicant is required to:

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

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

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

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.

Data Universal Numbering System (DUNS) No.: 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.

4. *Branding Strategy and Marking Plan* - The apparently successful Applicant will be required to submit a Branding Strategy and Marking Plan to be reviewed and approved by the Agreement Officer. 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/. The Recipient must comply with the requirements of the USAID "Graphic Standards Manual" available at www.usaid.gov/branding, or any successor branding policy.

5. *Certifications & Assurances:* The Applicant shall complete and return the certifications as per ADS 303.3.8 Pre-Award Certifications, Assurances, and Other Statements of the Recipient.

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

5.1 MERIT REVIEW CRITERIA

The merit review criteria presented below have been tailored to the requirements of this particular NOFO. Applicants should note that these criteria serve to:

(a) identify the significant matters which Applicants should address in their applications; *and*
(b) set the standard against which all applications shall be evaluated.

To facilitate the review of applications, Applicants must organize their applications in the same order as the guidance provided under NOFO **Section D**.

5.2 REVIEW AND SELECTION PROCESS

A Selection Committee reviews the applications according to the criteria described below. Committee members examine the logic, feasibility and appropriateness of the technical approach, including responsiveness to cross-cutting themes, indicators and anticipated development results or impacts; quality and availability of personnel in response to stated qualifications or requirements, and other institutional factors. To make an objective review possible, Applicants must clearly demonstrate how the organization and the application meet these criteria. The merit review focuses on the Applicant's overall ability to achieve results under the framework provided in this NOFO.

Recognizing that various approaches may have merit, this NOFO seeks an implementing partner that, on the basis of its experience, that can propose cost-effective ways of implementing this project. USAID may reject any or all applications if they are not deemed sufficiently responsive.

5.3 APPLICATION MERIT REVIEW CRITERIA

USAID will conduct a merit review of all applications received that comply with the instructions in this NOFO. The Strategic Approach merit review criterion is considered the most significant determinant of the overall rating. Further, the Management System merit review criterion is the second most significant determinant, weighted less than Strategic Approach, but more than Institutional Capability. Lastly, Institutional Capability is considered the least significant determinant, weighted less than either Strategic Approach or Institutional Capability. The subcriteria under each merit review criterion are considered of equal importance and equally weighted. Nevertheless, USAID will consider the extent to which an Applicant's approach incorporates and integrates GESI sensitivity and effectiveness for all subcriteria under the Strategic Approach and Management Approach merit review criteria.

USAID will review and evaluate all applications in accordance with the following criteria:

1. **<u>Strategic Approach:</u>**

   (a) The application demonstrates the Applicant's sound and sensitive understanding of the local context in Nepal, capitalizes on existing STRIDE activity investments and incorporates principles presented in Conflict Sensitivity of this NOFO;

(b) The application responds to USAID's purpose and Public and Private Sector Collaboration as elaborated in this NOFO;
(c) The application demonstrates the feasibility, soundness (evidence-based), and creativeness of delivery of proposed interventions, applying inclusive development and equitable service coverage principles, and collaboration with USAID's SSBH and R4A and other stakeholders; *and*
(d) The Preliminary PRC Sustainability Plan convincingly demonstrates how to utilize the emergent federal system and any other inputs, for a unified but flexible approach to reach full PRC sustainability

2. Management Approach

(a) An organizational structure that poses low risk in performing the project requirements, through the Applicant and any proposed sub-recipients. The application thoroughly describes the advantages of any sub-recipients, and the ability of the Applicant to successfully leverage the talents of all proposed organizations;
(b) Experience and expertise of key personnel that meet or exceed minimum qualifications and an inclusive and well-articulated staffing structure that provides the requisite mix of technical and managerial skills and experience in relation to the proposed technical approach;
(c) Clear management plan with proven processes and tools to ensure effective management of the people and project while minimizing overhead costs and maximizing participation of host country organizations and individuals and adaptive management principles, as presented in under **Section1.4.6** Flexibility of this NOFO; *and*
(d) The Abridged MEL Plan, with theory of change, illustrates the Applicant's approach with clear, measurable indicators, collaboration with Rehab 2030 (see Section 1.4.5 Evidence-based), and appropriate staffing and resources

3. Institutional Capability

(a) The application demonstrates the Applicant's capability to plan, implement, and support complex programming at scale, including the formation and sustaining of collaborative governmental and external development institutional relationships and resources; *and*
(b) Demonstrated experience with sustainably strengthening and building capacity in similar rehabilitation and host government health systems.

5.4 MERIT REVIEW CRITERIA FOR FINAL APPLICATION

Following the Joint Application Development workshop per **Section 4.4.3**, USAID will evaluate the apparently successful Applicant's final application on a Pass/Fail basis.

5.5 COST APPLICATION EVALUATION

Cost is not a weighted factor. All evaluation factors other than cost or price, when combined, are significantly more important than cost. The application with the lowest estimated cost may not be selected if award to a higher priced technical application offers a greater overall benefit for the program. However, the cost to USAID increases in importance as competing applications approach

equivalence and may become the deciding factor when technical applications are approximately equivalent in merit.

The cost application of the apparently successful Applicant will be evaluated for cost reasonableness, allowableness and allocability. The cost application must be complete with adequate budget detail and must be consistent with elements of the technical application. USAID will assess whether the overall costs are realistic for the work to be performed, whether the costs reflect that the Applicant understands the requirements, and whether the costs are consistent with the technical application. The cost application of the **apparently successful technical application** will be evaluated for:

(a) Allowability of Costs (2 CFR 200.403);
(b) Reasonable Costs (2 CFR 200.404);
(c) Allocable Costs (2 CFR 200.405); *and*
(d) Demonstration of management capability to meet a responsibility determination.

USAID reserves the right to determine the resulting level of funding for any awards made under this NOFO.

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

6.1 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. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

Following the selection for award and successful negotiations, a successful Applicant will receive an electronic copy of the notice of the award signed by the AO, which serves as the authorizing document. The AO will only do so after making a positive responsibility determination that the Applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID.

The award will be issued to the contact as specified in the application as the Authorized Individual in accordance with the requirements in the Representations and Certifications. For organizations that are new to working with USAID or for organizations with outstanding audit findings, USAID may perform a pre- award survey to assess the Applicant's management and financial capabilities. If notified by USAID that a pre-award survey is necessary, Applicants must prepare, in advance, the required information and documents. Please note that a pre-award survey does not commit USAID to make any award.

Issuance of this NOFO does not constitute an award or commitment on the part of the U.S. Government to make any awards, nor does it commit the U.S. Government to pay for costs incurred in the preparation and submission of an application. Request for additional information from unsuccessful Applicants will not be considered.

6.2 ADMINISTRATIVE AND 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. Nongovernmental organizations.

For Non US organizations: ADS 303, Standard Provisions for Non-U.S. Non-governmental Organizations. The links to these regulations are as follows:

- **ADS-303:** https://www.usaid.gov/ads/policy/300/303
- **2 CFR 700:** https://www.ecfr.gov/cgi-bin/text-idx?SID=531ffcc47b660d86ca8bbc5a64eed128&mc=true&node=pt2.1.700&rgn=div5

- **2 CFR 200:** https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
- Standard Provisions for U.S. Nongovernmental Recipients can be accessed through USAID's website: https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf
- Standard Provisions for Non-U.S., Nongovernmental Recipients can be accessed through USAID's website https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf
  All the applicable standard provision will be attached to the final award document.

6.3 REPORTING REQUIREMENTS

Applicants should note that all the reports listed below shall be submitted by the specified due dates for approval of the USAID Agreement Officer's Representative unless otherwise agreed upon with the AOR. USAID will develop a reporting schedule with the Recipient during the start-up phase of the activity to provide final guidance on this.

6.3.1 ANNUAL WORK PLAN

Within 60 days of signing the agreement, the Recipient will submit a Five-year Work Plan that shows the expected organization of work, given that post are sanctioned and appointments made for at least five GON physiotherapists (for Provinces 1, 2, 5, 6 and 7). The Recipient will also at that time submit an Annual Work Plan for Year 1, designed in consultation with key stakeholders including the GON, other USAID implementing partners and donors, and USAID. This Annual Work Plan for Year 1 should incorporate the Recipient's Rapid Mobilization Plan on a weekly basis for project start-up. This and subsequent Annual Work Plans, will describe the activities and interventions to be carried out and the corresponding time frames. The proposed activities and interventions shall fall within the approved Program Description of the Cooperative Agreement with USAID. Work plans for years 2 through 5 shall list activities which are a continuation of those in prior years separately from new activities. Each newly proposed activity in the annual work plan shall be justified with measurable results which clearly contribute to achieving one or more project outcomes. Work plans are expected to reflect extensive discussions and joint planning exercises. The Annual Work Plan will also incorporate an annual budget plan and, from year 2 onward, a Financial Report on the prior year's expenditures.

The AOR will review and approve plans to ensure that they are within the Program Description. Work plans and changes/revisions thereto shall describe activities to be conducted during the period at a greater level of detail than the Program Description, but shall not serve to change the Program Description in any way. Therefore, all work plans and changes/revisions thereto shall cross-reference the applicable section(s) in the Program Description. The Program Description shall take precedence over the work plans and any changes/revisions thereto, in the event of any conflicts or inconsistencies between the Program Description and the work plans and any changes/revisions thereto. Any changes to the Program Description must be approved by the Agreement Officer by means of a modification to this Agreement.

The work plan must include, at a minimum:

(a) Proposed accomplishments and expected progress towards achieving results and performance measures tied to indicators agreed upon within the Activity MEL plan;
(b) (Year 2 and later only) Any new interventions/activities planned and their justification.
(c) Timeline for implementation of the year's proposed activities, including target completion dates;
(d) Accompanying narrative on:
    (i) How activities will be implemented;
    (ii) Personnel requirements to achieve expected outcomes;
    (iii) Major commodities or equipment to be procured, an explanation of the intended use of each item and the source and origin of each item;
    (iv) Details of collaboration with other major partners, including how activities will be coordinated with other USAID Implementing Partners (SSBH and Suaahara II) and other donors;
    (v) Detailed budget, which aligns with the approved Cooperative Agreement budget; *and*
    (vi) International travel planned for the year.

6.3.2 MANAGEMENT REVIEWS AND EXTERNAL EVALUATIONS

The annual work plans will form the basis for joint annual management reviews by USAID and program staff to review program directions, achievement of the prior year work plan objectives, any major management and implementation issues, and to make recommendations for any changes as appropriate. These management reviews as well as work plan meetings may be broadened to include dialogue across the different cooperating agencies, and among relevant Ministries.
At any time during program implementation, USAID may conduct one or more external assessment/process evaluation(s) to review overall progress through independent, external evaluators to assess the continuing appropriateness of the program design, and identify any factors impeding effective implementation. USAID will utilize the results of the assessment to recommend any mid–course changes in strategy if needed and to help determine appropriate future directions. Site visits may occur any time after startup.

6.3.3 MONITORING, EVALUATION, AND LEARNING (MEL) PLAN

The Recipient is required to have a MEL Plan capable of tracking and documenting progress against Project objectives. The MEL Plan must be reviewed annually alongside the Annual Work Plan in collaboration with USAID and may need to be adapted to evolving Project requirements and those from USAID. The Recipient is required to work with USAID to ensure that the MEL plan aligns with USAID/Nepal's Performance Management Plan (PMP). A MEL plan developed in consultation with USAID is to be submitted for AOR approval within 90 days of the award date. USAID and the Recipient will conduct periodic performance reviews to monitor the progress of work and the achievement of results as based on the targets specified in the MEL Plan.

The MEL Plan must include:

(a) A Results Framework (RF) that reflect the objectives described in the award;
(b) Development hypothesis and critical assumptions;

(c) Baseline values and targets to show progress over time. Baselines must be established within 3 months of the award;
(d) Performance data table summarizing key performance monitoring information;
(e) Performance indicator reference sheets for each indicator that include a description of the indicator to be tracked, source, method and schedule of data collection, known data limitations and plans to address the limitations;
(f) Geolocated indicator results and beneficiaries;
(g) Capacity building in evidence and data use;
(h) Knowledge products and dissemination plans; *and*
(i) Evaluation approach (if applicable) to inform adaptation and learning.

6.3.4 PROGRESS AND PERFORMANCE REPORTS

The Recipient shall submit Quarterly Progress Reports and Annual Performance Reports to USAID during the duration of this Agreement. These reports shall be submitted within 30 days following the end of the reporting period.

6.3.4.1 QUARTERLY PROGRESS REPORTS

These reports shall briefly present the following information:

(a) Key achievements of the quarter;
(b) A comparison of actual accomplishments and activities by program component with the goals established for the period;
(c) Success story or case study;
(d) Reasons why established goals were not met, if applicable;
(e) Information on management issues, including administrative problems;
(f) Anticipated future problems, delays, or conditions or constraints that may adversely impact implementation of the program;
(g) Information on security issues;
(h) Other pertinent information including the status of finances and expenditures and, when appropriate, analysis and explanation of cost overruns or high unit costs;
(i) List of upcoming events with dates; *and*
(j) Target vs. actuals and justifications to deviations for all indicators

6.3.4.2 ANNUAL PERFORMANCE REPORTS

The Recipient will submit an Annual Performance Report at the end of each annual performance period in lieu of the fourth quarterly progress report. In addition to copies sent to the AOR and AO, one copy will be to the USAID DEC as above. Annual Performance Reports shall contain the following information:

(a) A comparison of actual accomplishments by program component against goals established for the period in the Annual Work Plan and Monitoring and Evaluation Plan (activities completed, benchmarks achieved, performance standards completed since the last annual report);
(b) Reasons why activities were delayed or established goals were not met, if applicable;

(c) Quantitative Monitoring and Evaluation data, including information on progress towards targets, and explanations of any issues related to data quality;
(d) Information on the status of finances, including expenditure data (based on the Cooperative Agreement budget) and accruals; and, when appropriate, analysis and explanation of cost overruns or high unit costs;
(e) Information on management issues, including administrative problems;
(f) Lessons learned and success stories;
(g) Documentation of best practices that can be taken to scale;
(h) Information on major challenges and constraints faced during the performance period; *and*
(i) Prospects for the next year's performance.

6.3.5 FINANCIAL REPORTING

Financial Reports shall be in keeping with 2 CFR 200.327. In accordance with 2 CFR 200.327, the SF-425 will be required as follows:

(1) 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.gov). The Recipient must submit a copy at the same time to the AO, AOR, and the USAID/Nepal Controller. These reports shall be submitted within 30 calendar days from the end of each quarter, except that the final report shall be submitted within 90 calendar days from the estimated completion date of this Agreement.
(2) The Recipient must submit the electronic copies of all final financial reports to USAID/Washington, M/CFO/CMPLOC Unit, the AO, the AOR, and the USAID/Nepal Controller.

6.3.6 FINAL REPORT

The Recipient must submit the Final Report to USAID no later than 90 days after the completion date of the Cooperative Agreement. The Final Report must include(1) theory of change; (2) interventions and approaches; (3) inputs, outputs, and processes; (4) final performance indicator data with sample size; (5) number of people and communities benefited, by each separate component and by multiple components (integration), compared to targets, and for how long; and (6) cost. Provide an overall assessment of progress made toward accomplishing the Goal, Results and Expected Outcomes, any important research findings, a description of major products or tools, e.g. training and educational materials, M&E tools, and a fiscal report that describes how the Recipient's funds were used. See 2 CFR 200.328.

6.3.7 DEVELOPMENT EXPERIENCE CLEARINGHOUSE REQUIREMENTS

The Recipient is required to submit any technical reports produced under this activity, in English, to USAID's Development Experience Clearinghouse (DEC) according to the instructions found at https://dec.usaid.gov/dec/content/submit.aspx.

6.3.8 EMERGENCY PREPAREDNESS AND RESPONSE PLAN

The Recipient must submit an emergency preparedness and response plan within 90 days after the effective date of this award/modification unless noted otherwise in the delivery schedule of the

award.

6.3.9 SHORT TERM CONSULTANTS' REPORTS

The Short–term consultants' reports shall be submitted to the AOR in a mutually agreed upon format and time frame.

6.3.10 SPECIAL REPORTS

From time to time, the Recipient may be required to prepare and submit a special reports to USAID on specific activities and topics.

6.3.11 DEVELOPMENT DATA

The Recipient must submit to the Development Data Library (DDL) at www.usaid.gov/data , in a machine-readable, non-proprietary format, a copy of any Dataset created or obtained in performance of this award, including Datasets produced by a sub-awardee or a contractor at any tier according to the instructions found at www.usaid.gov/data . The submission must include supporting documentation describing the Dataset, such as code books, data dictionaries, data gathering tools, notes on data quality, and explanations of redactions.

6.3.12 CLOSEOUT PLAN

The Recipient will develop and submit to the AOR and AO for approval a closeout plan (administration, information, finance, procurement and management) that will include, but will not be limited to, the following:

1. Dates for final delivery of all goods and services for sub-grants or sub-contracts;
2. A property disposition plan for the Recipient and sub-grantees or sub-contractor in accordance with agreement requirements, which must be approved by the AO;
3. Review of agreement files for audit purposes and final billing to USAID;
4. A schedule to address office leases, bank accounts, utilities, cell phones, personnel notification, outstanding travel and social payments, household shipments, vehicle; phone subscriptions, etc.;
5. Receipt of all final invoices and agreement performance reports;
6. Report on the estimated amount of funds not required for the completion of the agreement; and
7. Report on compliance with all local labor laws, tax clearances, and other appropriate compliance matters.

The format and outline of contents of this closeout plan will be proposed by the Recipient no later than 180 calendar days prior to the agreement completion date, and approved by the AOR no later than 150 calendar days prior to the agreement completion date.

6.3.13 BRANDING AND MARKING

All USAID-funded foreign assistance (including programs, projects, activities, public communications, or commodities) must be communicated, promoted, and marked as coming from

the American people through USAID. Specific communications and promotion measures be described in the "Branding Strategy" and "Branding Implementation Plan," and specific marking be described in the "Marking Plan" for the this award. Branding and marking under this award shall comply with the USAID Automated Directive System Chapter 320 Branding and Marking (ADS 320).

ADS 320 requires that, after the evaluation of the applications, the USAID Agreement Officer request the Apparently Successful Applicant to submit a Branding Strategy that describes how the program, project, or activity is named and positioned, how it is promoted and communicated to beneficiaries and cooperating country citizens, and identifies all donors and explains how they be acknowledged. USAID shall not competitively evaluate the proposed Branding Strategy. ADS 320 may be found at the following website: https://www.usaid.gov/who-we-are/agency-policy/series-300. The cost application must incorporate the estimated cost of the proposed Branding Implementation and Marking Plan.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

7.1 EMAIL FOR APPLICATION AND INQUIRY

USAID/Nepal's email address is as follows for inquiries *or* submissions of applications: kathmanduoaaexchange@usaid.gov

7.2 AGREEMENT OFFICER'S REPRESENTATIVE (AOR)

The AOR and Alternate AOR will be designated prior to award. The AOR designation letter will be provided to the Recipient and to the relevant offices of USAID/Nepal.

[END OF SECTION G]

SECTION H: OTHER INFORMATION

8.1 LIST OF ANNEXES

8.1.1 ANNEX 1

Summary Budget Template

[END OF SECTION H]

ANNEX 1 – SUMMARY BUDGET TEMPLATE

SUMMARY BUDGET TEMPLATE												
Item	Cost Category	PHASE I (YEAR 1 to YEAR 3)										GRAND TOTAL
		Year 1		Year 2		Year 3		Year 4		Year 5		
		USAID CONTRIBUTION	NON-FEDERAL[32] CONTRIBUTION	USAID CONTRIBUTION	NON-FEDERAL CONTRIBUTION	USAID CONTRIBUTION	NON-FEDERAL CONTRIBUTION	USAID CONTRIBUTION	NON-FEDERAL CONTRIBUTION	USAID CONTRIBUTION	NON-FEDERAL CONTRIBUTION	
a.	Personnel											
b.	Fringe benefits											
c.	Travel and Per diem											
d.	Equipment (Capital)											
e.	Supplies											
f.	Contractual: Subaward *or* subcontracts											
g.	Other Direct Costs											
h.	**TOTAL ESTIMATED COSTS**											
i.	Indirect Costs											
j.	**TOTAL ESTIMATED COST**											

[END OF ANNEX I]

[END OF NOFO]

[32] Non-federal contributions means proposed cost share, if any, per **Section 3.2**.