Office of Acquisition and Assistance (OAA)/Zambia

Issuance Date: **June 12, 2015**
Application Submission due by: **July 10, 2015 (15:00 hrs, Local Zambia time)**

Subject: **Amendment 01 to Request for Applications (RFA) Number: RFA-611-15-000014**
Program Title: **USAID/Zambia Open Doors Project**.

The purpose of this letter is to amend Request for Application RFA-611-15-000014, in order to extend the application submission date from June 26, 2015 to July 10, 2015 and update the following sections of the RFA:

SECTION A: PROGRAM DESCRIPTION,

a. update results framework to ensure results sync with those on page 10 of the RFA and replace the words "Key Populations" *with* "Open Doors".

b. update key personnel information

- Section A.8. Key Personnel. Paragraph one: delete "Director, HIV Prevention, Care and Support and Director, Monitoring, Evaluation and Research" and replace *with* "Advisor, HIV Prevention, Care and Support and Advisor, Monitoring, Evaluation and Research."

- Section A.8.i) Chief of Party (COP): 100% Time. Delete bullets 2 and 3 and replace *with* "At least 10 years of experience working in HIV prevention, care and support of which eight years should have been in senior-level leading and managing large-scale HIV and public health programs in sub-Saharan Africa, including supervision of technical staff."

SECTION B: FEDERAL AWARD INFORMATION

Section B.3.c. replace the text "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" *with* "USAID participation as a member of any program advisory committee.";

and under point (4) replace the text "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.", *with* "Direction and Redirection of Activities: Funding for PEPFAR activities, including Open Doors is approved annually through the PEPFAR Country Operational Plan (COP) process. The AOR will communicate any changes in technical guidance and funding levels that may impact Open Doors implementation. The planned impact evaluation may have a bearing on Open Doors' geographical locations and implementation schedule."

SECTION D: APPLICATION AND SUBMISSION INFORMATION,

a. Section D.1. Agency Point of Contact.

   Delete the name "Charlie Brown" and replace *with* "Ayana Angulo"; and delete email cbrown@usaid.gov and replace *with* aangulo@usaid.gov .

b. On page 25. Section D.4.g) delete the word "with".

c. Add the following point to annex C. "The intention to use highly-skilled U.S. volunteers per Executive Order 13317"

d. Delete "part iv. annex D: past performance references"

e. Section D. 9. Funding Restrictions. Add the following bullets:
   - USAID/Zambia will consider requests to purchase condoms and lubricants as needed.
   - Purchase of drugs for STI screening and management will be allowed to supplement STI drugs available at government health facilities
   - Construction will only be allowed to the extent to be described in the standard provision.

SECTION E: APPLICATION REVIEW INFORMATION

Section E.2. Review and selection process; delete the following sentence "Thereafter, the cost application of all applicants submitting a technically acceptable application will be opened. A simplified review of costs may be conducted for technically acceptable applications."

Thank you for your consideration,

Ayana W. Angulo

Digitally signed by Ayana W. Angulo
DN: cn=Ayana W. Angulo, o=Office of Procurement Support, ou=U. S. Agency for International Development, email=aangulo@usaid.gov, c=US
Date: 2015.06.12 12:52:18 +02'00'

Ayana Angulo
Agreement Officer

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ABREVIATIONS AND ACCROYNMS USED IN THIS RFA

ADS	USAID's Automated Directives System
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AOR	Agreement Officer's Representative
ART	Anti-retroviral therapy
ARV	Anti-retroviral
CATF	Community AIDS Task Force
CBO	Community-Based Organization
CSO	Civil Society Organization
CDC	Centers for Disease Control and Prevention
CIDRZ	Centre for Infectious Disease Research in Zambia
COH III	Corridors of Hope III
COP	Country Operating Plan
CSH	Communication Support for Health
CT	Cash Transfer
DATF	District AIDS Task Force
DfID	U.K. Department for International Development
DOD	Department of Defense
DOS	Department of State
DRC	Democratic Republic of Congo
ESA	East and Southern Africa
FBO	Faith-Based Organization
FSW	Female Sex Workers
FP	Family Planning
GHI	Global Health Initiative (of the US Government)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Livings with HIV and AIDS

GRZ	Government of the Republic of Zambia
HBC	Home-Based Care
HBHC	PEPFAR Acronym for Adult Care and Support
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Services
HTC	HIV Testing and Counseling
IEC	Information, Education, and Communication
IR	Intermediate Result
LOP	Life of Project
MCDSS	Ministry of Community Development and Social Services
MCDMCH	Ministry of Child Development, Maternal and Child Health
MCH	Maternal Child Health
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MSM	Men who have sex with men
MTCT	PEPFAR Acronym for PMTCT
MSYCD	Ministry of Sport, Youth and Child Development
NAC	National HIV and AIDS/STI/TB Council
NACS	Nutrition Assessment, Counseling and Support
NCHS	National Center for Health Statistics
NGO	Non-governmental organization
OGAC	Office of the Global AIDS Coordinator
OVC	Orphans and Vulnerable Children
PCAZ	Palliative Care Association of Zambia
PEP	Post-Exposure Prophylaxis
PEPFAR	The US President's Emergency Plan for AIDS Relief
PHDP	Positive Health Dignity and Prevention
PLHIV	People living with HIV/AIDS
PMP	Performance Monitoring Plan
PMTCT	Prevention of mother-to-child transmission

PPP	Public Private Partnerships
PRISM	Partnership for Integrated Social Marketing
QI/QA	Quality Improvement/Quality Assurance
RAPIDS	Reaching AIDS-affected Populations with Integrated Development and Support
RFA	Request for Application
RFP	Request for Proposal
RFTOP	Request for Task Order Proposal
RH	Reproductive Health
SGBV	Sexual and Gender-Based Violence
SHARe	Support to the HIV and AIDS Response in Zambia
SIDA	Swedish International Development Agency
SRH	Sexual and Reproductive Health
STA	Senior Technical Advisor
STEPS OVC	Sustainability through Economic Strengthening, Prevention and Support for Orphans and Vulnerable Children, Youth and other vulnerable groups
SUCCESS	Scaling Up Community Care and Expanding Social Safety Nets
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	Joint United Nations Program on AIDS
UNFPA	UN Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VMMC	Voluntary Medical Male Circumcision
ZDHS	Zambia Demographic and Health Survey
ZISSP	Zambia Integrated Systems Strengthening Program
ZPCT	Zambia Prevention Counseling and Treatment Program

SECTION A: PROGRAM DESCRIPTION

1. SUMMARY

The Open Doors Project is an activity to provide comprehensive HIV prevention, care and treatment services to key populations in targeted provinces of Zambia. The goal of this activity is to contribute to a **reduction in new HIV infections in Zambia**, in alignment with Zambia's National AIDS Strategic Framework (NASF), 2014 – 2016. Open Doors Project supports the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) as it works towards the goal of an AIDS-Free generation, in Zambia, as well as globally.

Open Doors will maximize epidemiological impact though appropriately targeted interventions in four focus provinces of the transport corridor, as well as in other identified hotspots. Interventions will close existing gaps, significantly increasing access to and use of tailored, comprehensive and evidence-based HIV prevention, care and treatment services for key populations – female sex workers, men who have sex with men (MSM) and transgender individuals. This activity will begin with a three-month inception phase to plan the roll-out in existing and new sites, followed by implementation.

Open Doors will build on earlier experiences gained under the Corridors of Hope activity, and will strengthen existing intervention sites, while simultaneously expanding to new areas of need to support the national scale-up of activities for key populations. The expected outcomes reflected in the Results Framework will substantially contribute to the overall goal of reducing new HIV infections in Zambia and progressing towards an AIDS-free generation.

2. BACKGROUND

Zambia has one of the most severe HIV epidemics in the world. Adult HIV prevalence was 13.3 percent in the 2014 Zambia Demographic and Health Survey (ZDHS). Prevalence is twice as high among the 40 percent of the population living in urban areas as compared to rural areas, and across provinces, rates range from a high of 18.2 percent to a low of 9 percent. Lusaka, Central and Copperbelt, the most populous, urbanized and densely populated provinces, have the highest rates of HIV infection, with prevalence concentrated "along the line of rail" that runs south to South Africa and north towards the Democratic Republic of Congo. Prevalence among adult women is 15 percent, compared to 11 percent among men. HIV prevalence is disproportionately

high among young women, who are also at high risk of sexually transmitted infections (STIs) and unplanned pregnancy.

The majority of new infections in Zambia occur through heterosexual contact. The top priority for the Government of the Republic of Zambia (GRZ), as expressed in its national AIDS response, is to further accelerate the reduction of new HIV infections, with particular emphasis on prevention of sexual transmission. PEPFAR/Zambia supports the GRZ through a combination prevention approach, prioritizing scale-up of evidence-based biomedical, behavioral and structural interventions. PEPFAR recognizes that engaging communities to transform social and gender norms is important to reinforce and sustain individual behavior change and positive health-seeking behaviors.

3. PROJECT RATIONALE

Prevention actions by the GRZ have been concentrated on heterosexual partners and vertical transmission from mother to child and are designed to reach large numbers among the general population. The role of sex work as a driver of transmission in generalized HIV epidemics has been questioned, and interventions for sex workers and other key populations have received lower priority. The Zambia modes of transmission (MOT) study,[1] for example, estimated that in 2008, only seven percent of all new infections were attributable to sex work (among sex workers, clients and regular partners of clients). Recent evidence, however, suggests that sex work is a far more important driver of transmission in generalized epidemics than has been estimated by MOT studies.[2] Alternative methods used in other generalized epidemics estimate that 14 - 68 percent of new infections may be attributable to sex work.[3] In a modelling study based on data from Kisumu, Kenya, estimates suggested that provision of basic condom and STI services for the most active female sex workers could reduce HIV prevalence in the overall population by half over 20 years, and this prevention benefit would persist in the context of ART rollout.[4]

[1] Mulenga O, Witola H, Buyu C, Gboun M, Sunkutu MR, et al. (2009) Zambia: HIV Prevention Response and Modes of Transmission Analysis. UNAIDS

[2] Mishra S, Pickles M, Blanchard JF, Moses S, Shubber Z, Boily M-C, et al. (2014) Validation of the modes of transmission model as a tool to prioritize HIV prevention targets: a comparative modelling analysis. PLoS One 9: e101690.

[3] Mishra S, Moses S, Boily MC, McKinnon LR, Williams JR, Alary M, et al. (2014) The rationale for focusing on sex work programmmes in the response to HIV across sub-Sharan Africa: a systematic review, meta-analysis, and mathematical modelling study. PLoS One.

[4] Steen, R., Hontelez, J., Veraart A., White, R., and S de Vlas (2014) Looking Upstream to Prevent HIV Transmission: can interventions with sex workers alter HIV epidemics in Africa as they did in Asia? AIDS.

Studies conducted among female sex workers in southern Africa have found HIV prevalence rates 10 - 20 times higher than in the general population.[5] Current HIV and STI prevalence data among key and bridge populations in Zambia are lacking. Historical data exist for sex workers, truckers and other clients. Among female sex workers from a geographically limited biological survey in 2006, prevalence of HIV was 69 percent, syphilis 23 percent and gonorrhea 10 percent. In a 2005 biological and behavioral survey (BBS) conducted in Ndola, Zambia, 65.4 percent of female sex workers were HIV infected.[6] Bio-behavioral research from 2009 shows the median age of sex workers to be 25 years, 70 percent relied on sex work as their sole income source and 30 percent reported doing sex work elsewhere in the last year.

Such high prevalence among sex workers, together with high client numbers and inconsistent condom use, likely generates large numbers of new infections that disseminate and drive transmission among lower-risk populations. Less is known about other key populations, although unpublished studies suggest high HIV prevalence for MSM, and a recent mapping study estimates population sizes from 500 to several thousand MSM in large cities.

Despite growing recognition of the importance of key populations within Zambia's generalized HIV epidemic, key populations are often unable or unwilling to access HIV prevention, care and treatment services because of stigma and discrimination by health care providers. The GRZ endorses donor-supported HIV services for sex workers, which are expected to remain a component of the national HIV policy, but is silent about services for other key populations.

Structural barriers surrounding key populations in Zambia need to be considered in any plan to reach these individuals with effective HIV/STI interventions and services. One of the five guiding principles of the PEPFAR Blueprint is a commitment to ending stigma and discrimination against people living with HIV and key populations, while improving their access to and uptake of comprehensive HIV services. The Blueprint explicitly emphasizes the need for investments that focus on key populations most at risk for HIV infection, including men who have sex with men, sex workers, people who inject drugs and transgender people.

Sex work is criminalized in Zambia,[7] though, similar to other countries in the region, it is tolerated although abuses are common. Same-sex behavior is also criminalized in Zambia,[8] and broader civil rights are limited. According to a report submitted to the United Nations Human

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[5] Scorgie F, Chersich MF, Ntaganira I, Gerbase A, Lule F, et al. (2011) Socio-Demographic Characteristics and Behavioral Risk Factors of Female Sex Workers in Sub-Saharan Africa: A Systematic Review. AIDS Behavior 16: 920–933. doi: 10.1007/s10461-011-9985-z

[6] Ndubani P, Kapungwe A, Siziya S, Mulenga C, Kaetano L, et al. (2005) Behavioral and Biologic Surveillance Survey in the City of Ndola, Zambia: Among Female Sex Workers. Family Health International, IMPACT

[7] Chapter 87 of the Laws of Zambia

[8] Sections 155 and 159 Chapter 87 of the Laws of Zambia

Rights Committee, criminalization of consensual homosexual sex in Zambia has a devastating impact on same-sex practicing people – key populations are subject to arbitrary arrest and detention, and extortion and discrimination in education, employment, housing and access to health services, often with the knowledge or participation of law enforcement authorities.[9] A community of transgender people (both transwomen and transmen) exists in Zambia, although the law is silent on transgender people and transsexuality. There are no data available on population size, epidemiology or HIV prevalence among Zambia transgender people, who reportedly face similar stigma and discrimination in health facilities as men who have sex with men. Anecdotal evidence suggests that HIV is high among the transgender community.

In an environment where key populations are unable to access HIV prevention, care and treatment services in public health facilities, an urgent need exists for specialized services and effective outreach to be undertaken.

The GRZ has committed to provide equal access to health care[10] in a non-discriminatory manner. Key populations, however, experience multiple violations of their right to access health and HIV services. These include outright denial of care, verbal abuse and harassment and onerous requirements that disproportionately impact them. For example, hospitals require that people tested for sexually transmitted infections (STIs) bring in their partner, a requirement against which people in these groups cannot easily comply for fear of stigma and discrimination. When assault occurs within these groups, victims are required to produce a report from the police before receiving treatment. For marginalized groups, often, such requirements create obstacles to accessing treatment.

An urgent need exists to make comprehensive HIV prevention, care and treatment services available and accessible to sex workers and other key populations, despite the prohibitive legal environment. A core principle of PEPFAR's effective public health response to HIV is centered on targeting individuals at elevated risk of acquiring or transmitting HIV. PEPFAR-funded programs are designed to ensure that all individuals have access to appropriate and nondiscriminatory HIV prevention, care, and treatment services to have the maximum possible impact on the epidemic, while respecting human rights. Community-based organizations (CBOs) of key populations exist in Zambia, but require organizational strengthening. Any advancement on these issues in Zambia must come from domestic organizations and voices.

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[9] Fabeni, Stefano, Cary Alan Johnson, Joel Nana (2007) The violation of rights of Lesbian Gay Bisexual and Transgender Persons in Zambia

[10] Part III of the Zambian constitution provides that the Government will endeavor to provide adequate medical and health facilities. Zambia has ratifies several international instruments the promote and protect the right to health including the universal declaration on Human Rights(1948),the African Charter on Human and People's rights(1981)and the International Convention on Economic, Social and Cultural Rights(1984)

Recognizing these factors and their implications, from both public health and human rights perspectives, Open Doors will target interventions for HIV prevention, care and treatment to reach key populations in settings where HIV transmission is most likely to be high.

4. LINKAGE TO USAID STRATEGY AND OTHER USAID PROGRAMMING

Open Doors will support USAID's Development Objective 3 (DO3), "Human Capital Improved," in USAID/Zambia's Country Development Cooperation Strategy. Under DO3, the project will contribute primarily to Intermediate Result (IR) 3.2, "Health Status Improved," and to Sub IR 3.2.3, "Community Health Practices Improved." Open Doors will build on past USAID HIV prevention, care and treatment projects.

Since 2000, USAID/Zambia has worked along the transport corridor communities in Zambia to develop a deep understanding of the people in these communities and the factors and conditions that contribute to and sustain risk behaviors and poor uptake of services. These factors go beyond gaps in HIV awareness and knowledge to include such underlying factors as poverty, gender inequity, gender-based violence and alcohol abuse. Open Doors will build on past USAID HIV prevention projects, and complement existing and planned community-based prevention activities. Since 2010 USAID has worked with:

- The **Zambia-led Prevention Initiative (ZPI) (closed in December 2014) that** worked in all provinces to expand community-based activities to address key epidemic drivers, promote safer behaviors, increase HIV testing and counseling (HTC), and address harmful gender norms and gender-based violence.

- **Community Mobilization for Preventive Action (COMPACT),** an action research project in six communities in three districts of Zambia that has been assessing the potential for community incentives to strengthen comprehensive HIV prevention interventions.

- **Corridors of Hope III (COH III)** that provides comprehensive HIV clinical and outreach services to communities living in ten border and junction towns along major transport corridors, addressing the needs of sex workers, truck drivers and other populations at high risk of HIV.

- **Communication Support for Health (CSH) (closed in December 2014),** a health sector-wide communication activity that worked with the National AIDS Council to develop national HIV mass media campaigns and communication materials to support

HIV programs nationally. CSH also implemented community-based interpersonal communication and social mobilization activities in nine districts across four provinces.

- The **Partnership for Integrated Social Marketing (PRISM) (closed in September 2014) that** worked nationally with a focus "along the line of rail" to increase uptake of socially marketed health products and services, including male and female condoms, HTC and VMMC. PRISM also supported behavior change communication through community-based condom distributors in selected localities.

- **Support to the HIV/AIDS Response II (SHARe II) that** has a primary focus on HIV/AIDS policy and leadership development. SHARe II also supports workplace HIV programs and assists 35 chiefdoms in planning HIV responses in their local communities.

- **STEPS-OVC**[11] **that** integrates delivery of HIV prevention curricula for vulnerable youth and their families into broader programs to improve the quality of life for OVC and PLHIV.

The awards described above have ended as of September 2014 or scheduled to end in December 2015, providing an opportunity to enhance the impact of the next generation of USAID-funded HIV prevention, care and treatment activities. This activity will complement and avoid duplication with other projects funded by both USAID and other donors. Open Doors will coordinate closely with USAID's Improving Prevention and Adherence to Care and Treatment (IMPACT) and other relevant activities to build and strengthen capacity of community based organizations (CBOs) working with key populations. Open Doors will also coordinate and link with other U.S. government-funded projects working in focus communities to provide diverse health services, such as HTC, VMMC, PMTCT, maternal and child health care and family planning.

5. PROJECT DESCRIPTION

Purpose and Goal: The purpose of the Open Doors Project is to increase access to and use of comprehensive HIV prevention, care and treatment services by key populations in targeted provinces of Zambia. The development hypothesis underlying Open Doors is that focusing on the provision of comprehensive HIV prevention, care and treatment services to key populations, and increasing access to and uptake of high-impact services, together with promotion of sexual risk reduction, condoms and lubricants, will substantially contribute to the overall goal of reducing new HIV infections in Zambia and progress towards achieving an AIDS-free generation.

[11] STEPS-OVC is the acronym for "Sustainability through Economic Strengthening, Prevention and Support for Orphans and Vulnerable Children, Youth and Other Vulnerable Populations."

Geographic Scope: Open Doors is expected to work primarily in communities along the major transport corridors in PEPFAR high-priority districts. Prioritization of districts will be based on criteria that will be developed jointly among USAID, the implementing partner, civil society and relevant Zambian government entities. Factors to consider may include: HIV prevalence, population size and density, behavioral indicators and the presence of other HIV prevention programs. Selection of districts will be finalized after the award.

Data from key population mapping and size estimation currently being undertaken by the Population Council, as well as service coverage mapping, will help to identify geographic areas and "hot spots" with large numbers of key populations and high probability of HIV/STI transmission. As part of the dissemination of these results, the National AIDS Council may chair a high-level meeting to review what is known about locations of key populations across Zambia, including a gap analysis of areas where interventions are needed. Such an analysis would inform national plans to scale-up targeted interventions for key populations, including decisions about selection of new sites to be supported by Open Doors.

Results

To achieve the activity purpose the following results must be met:

- Key determinants of risky behavior among key populations identified and addressed;
- Increased availability of high-impact HIV and other health services for key populations; and
- Strengthened capacity of local stakeholders to plan, monitor, evaluate and assure the quality of interventions for key populations

Result 1: Key determinants of risky behavior among key populations identified and addressed

Identification of key determinants may include review of available literature and reports, focus group discussions and key informant interviews to identify local factors that may increase risk among key populations.

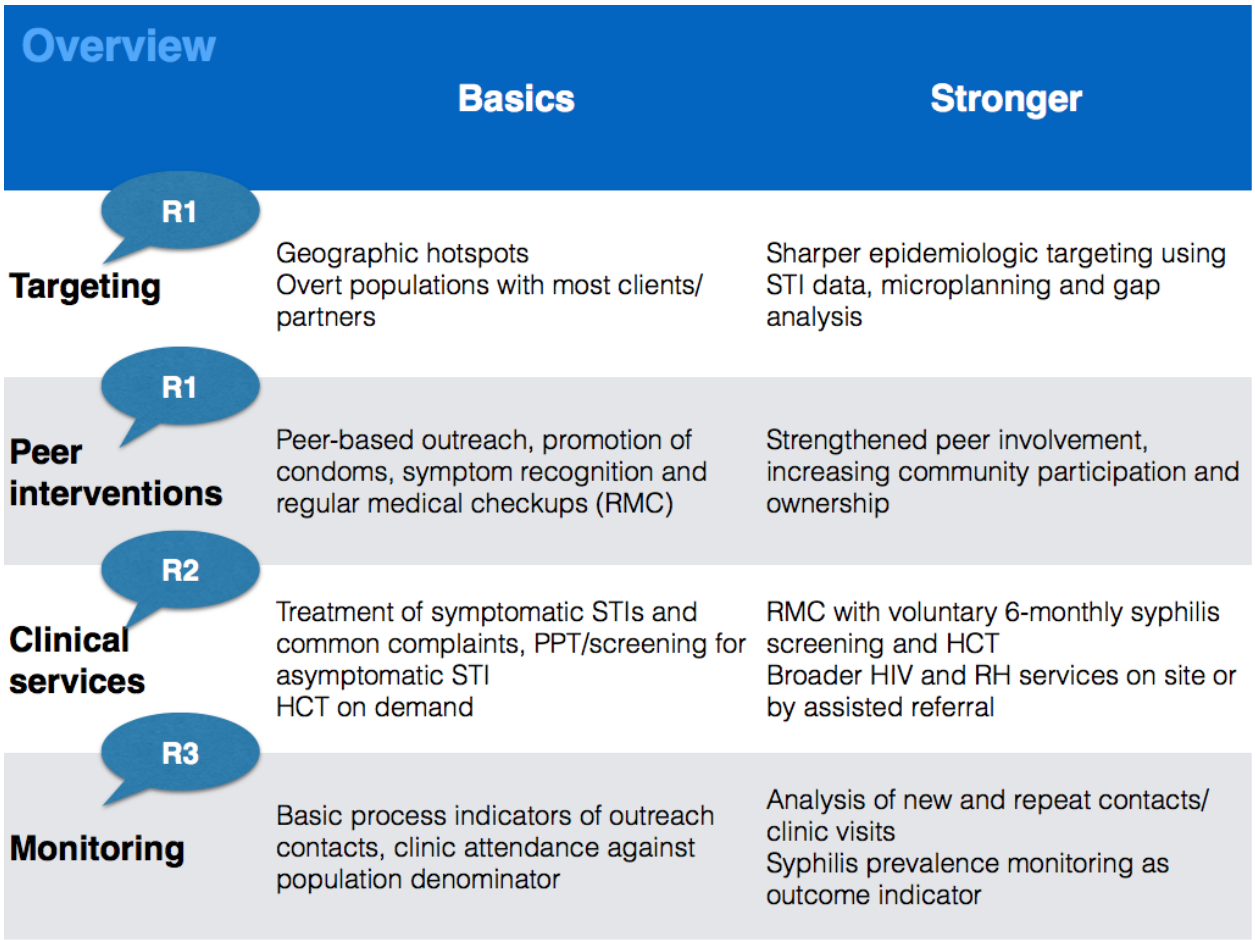
Open Doors will deliver a mix of high-quality behavioral interventions tailored for key populations. These packages should reflect the PEPFAR-required minimum package for key populations, which comprises community-based outreach, targeted information, education and communication (IEC), skills-building in condom negotiation and use and condom and lubricant distribution. Behavioral interventions should include linkages to sexually transmitted infection (STI) prevention, screening and treatment, HIV counseling and testing, access to antiretroviral treatment (ART) and other appropriate health care services.

Experience and evidence from targeted interventions for key populations in Zambia, the region and globally should inform plans for implementation. Figure (2) is an illustrative matrix of possible targeted intervention components during the initial phase of new interventions, as well as more comprehensive intervention components that may be added to strengthen services at existing sites.

Illustrative Implementation Framework

In Zambia, some good examples exist of targeted interventions for key populations, as well as many sites (hot spots) where key populations have no access to such interventions and services. Corridors of Hope, for example, runs 10 sites in border areas and transport hubs that meet most of the basics (column 1) in the following matrix, as well as some more comprehensive services (column 2). The challenge for potential implementing partners is to describe how they would: 1) strengthen existing interventions, and 2) roll out basic services in new sites and strengthen them over time.

Figure 2.



Result 1.1 Key populations identified

Open Doors will identify key populations in target communities. Data emerging from the Population Council mapping, size estimation and bio-behavioral surveys will provide information about the context of key populations in select Zambian sites. This initial formative work should be integrated into intervention start-up activities, so that useful contacts made during community mapping, for example, can be recruited immediately into peer activities.

Result 1.2 Coverage of appropriately tailored, evidence-informed, community-based behavioral interventions expanded

Open Doors will implement community-based outreach activities and ensure that behavioral interventions are appropriately tailored to the needs of key populations. All behavioral interventions must be evidence-based, reflect established best practices and ensure greater involvement of key populations.

Result 1.3 Key populations linked to economic strengthening interventions to reduce HIV vulnerability

Economic factors appear to be key drivers behind sex work in Zambia. These factors range from poverty and the inability to meet basic needs, such as food and school fees, to the desire for material goods and luxury items for more aspirational reasons. Poverty also increases vulnerability, while sex workers who have savings or access to credit are better able to refuse unprotected sex, even when clients offer to pay more for it. Open Doors will implement economic strengthening interventions to empower key populations economically to reduce their HIV vulnerability.

Result 1: Expected Outcomes

- Increased numbers of key populations identified through peer outreach and in contact with peer promoter (several levels of contact, measured against key population size estimate).
- Increased numbers of the target population who report having access to HIV prevention services;
- Increased comprehensive knowledge about HIV modes of transmission and methods of prevention among key populations (age and sex disaggregated); and
- Increased percent of key populations participating in economic empowerment, savings and microcredit activities.

Result 2: Increased availability of high impact HIV and other health services for key populations

Open Doors will build on work undertaken with sex workers during the Corridors of Hope III project through expanding and strengthening appropriate health services for key populations.

Appropriate and respectful and confidential health services that meet perceived needs build trust among key populations and complement and reinforce peer-based interventions in the community. Successful targeted interventions establish a platform of basic STI/HIV services linked to peer outreach and progressively strengthen and add to these over time. Regular medical check-ups are promoted as opportunities to screen for asymptomatic infections and reinforce prevention messages.

Other strategies may be possible under Open Doors to increase clinic attendance and uptake of HTC and STI services. Open Doors aims to integrate family planning/reproductive health services and establish strong linkages with other health service providers and clinics, including those that provide alcohol and drug treatment services, to respond to the needs of key populations.

Result 2.1: STI prevention and treatment services provided
Other STIs significantly increase the risk of HIV acquisition and transmission. Provision of high-quality STI services for key populations who come to the clinic with symptoms is an important first step. Where STI prevalence is high, as it is in Zambia, sex workers in particular would benefit from regular STI screening and periodic presumptive treatment. These services address asymptomatic STIs, and key populations should be encouraged to attend regular medical check-ups at least quarterly, regardless of symptoms. WHO recommends periodic presumptive treatment (PPT) for sex workers where STI prevalence is high, and syphilis screening every six months for all key populations. Introducing these services will likely require work with the Zambian Ministry of Health to update STI treatment guidelines, introduce PPT in a few sites, assess benefit (operations research) and ensure a regular supply of RPR reagents for routine syphilis testing for key populations twice a year.

Result 2.2 HIV prevention and care-seeking behavior promoted
Open Doors will maximize both community-based and clinic-based opportunities to deepen understanding of the value of knowing one's status, the typical course of HIV disease progression, and the life-saving benefits of timely initiation of care and ART for those who test HIV-positive. For individuals already on ART, Open Doors will increase treatment literacy and reinforce the importance of adherence to ART regimens. Beyond the individual level, the activity will engage key populations to foster new norms that support health-seeking behaviors and initiation of, retention in and adherence to ART.

Result 2.3 HCT and ART services offered
Timely access to ART and opportunistic infection prophylaxis has a positive effect on the health and well-being of people diagnosed with HIV. Receiving ART and having a low or undetectable viral load have been associated in multiple studies with significantly reduced rates of HIV transmission. Open Doors will provide key populations with timely access to ART as part of a comprehensive package of HIV services, administered on site where possible. Late presentation for HCT and loss to follow-up are common in Zambia. Open Doors will also explore the feasibility and potential benefit for key populations of initiating ART immediately following HIV diagnosis (test and treat).

Result 2.4 Condoms and lubricants made available and their use promoted
For key populations, the consistent use of condoms with male and female partners can significantly reduce the acquisition and transmission of HIV and other STIs. Open Doors will increase access to free condoms to reduce HIV/STI risk, as well as to lubricants to reduce risk of condom breakage during sexual intercourse.

Result 2.5 Family planning/reproductive health services integrated with HIV services
Family planning and reproductive health is also an important component of HIV prevention, since many individuals seeking to prevent HIV also seek to prevent pregnancy. Family Planning services also help to reduce vertical transmission. PEPFAR, through its implementing partners, supports the provision of voluntary family planning services as part of the standard of care for people living with HIV (PLHIV) and for PMTCT. Other important health and social services for key populations include prevention and treatment for gender-based violence, drug and alcohol counselling and treatment, emergency contraception and post-exposure prophylaxis. Open Doors

will integrate appropriate family planning/reproductive health and HIV services for key populations where feasible and appropriate.

Result 2: Expected Outcomes

- Increased numbers of key populations who report condom use (with last client and consistent last month, age and sex disaggregated);
- Increased numbers of key populations who attend clinic for regular medical check-up every 3 months;
- Increased numbers of key populations screened for syphilis every 6 months;
- Increased numbers of key populations who were tested for HIV in the last 12 months and who received their results (age and sex disaggregated);
- Increased numbers of key populations who test HIV-positive enrolled in care/initiated ART within 90 days (age and sex-disaggregated);
- Increased numbers of key populations accessing family planning and other reproductive health services (by type) at Open Doors sites (age and sex disaggregated);
- Improved functional referral systems link community-based prevention interventions with high impact HIV and health services; and
- Reduced young women's vulnerability to HIV, unintended pregnancy and SGBV

Result 3: Strengthened capacity of local stakeholders to plan, monitor, evaluate and assure the quality of interventions for key populations

Open Doors will strengthen the capacity of local stakeholders to use data and evidence to improve planning and implementation of HIV activities for key populations; strengthen management, and monitoring of HIV interventions for key populations; and improve coordination of key population activities for improved effectiveness and efficiency.

Result 3.1 Organizational and technical capacity enhanced of local organizations that provide services to key populations

Open Doors will build the capacity of local organizations that implement HIV prevention programs for key populations. Attention should be given to building the capacity of local organizations serving key populations to participate in HIV prevention, as well as to bolstering the enabling legal and policy environment within which HIV prevention programs focused on key populations can operate successfully.

Result 3.2 Staff sensitized and trained in serving key populations

In designing and implementing activities, Open Doors will ensure the confidentiality of individuals. The technical staff working on the open doors activity must be trained in HIV prevention, care and treatment programs for key populations to improve their ability to provide high-quality services to key populations in a non-discriminatory manner, establish and maintain confidentiality and make appropriate referrals to address other needs.

Result 3.3 Surveillance, monitoring and evaluation conducted to inform program implementation

The lack of data on key populations in Zambia presents challenges to implementing successful HIV/STI programs. It is critical that programs for key populations be informed by reliable data,

and that programs improve understanding of key populations and local epidemics over time. Outcome indicators, such as condom use and syphilis prevalence, should also be monitored by routine reporting and supplemented, where needed, by periodic bio-behavioral surveys. Epidemiological trends of key indicators such as these should be used to assess and improve the impact of prevention for key populations.

Open Doors interventions should incorporate mechanisms for quality improvement and quality assurance (QI/QA) and should be able to report on scale and intensity of interventions for key populations. Initial mapping and size estimates for key populations should be improved over time. Targets for coverage and exposure should be based on these estimates and set to achieve impact.

Result 3.4 Coordination of key population activities enhanced
Open Doors will coordinate key populations activities with critical stakeholders, to ensure synergy and complementarity and avoid duplication of interventions for key populations in target geographic areas.

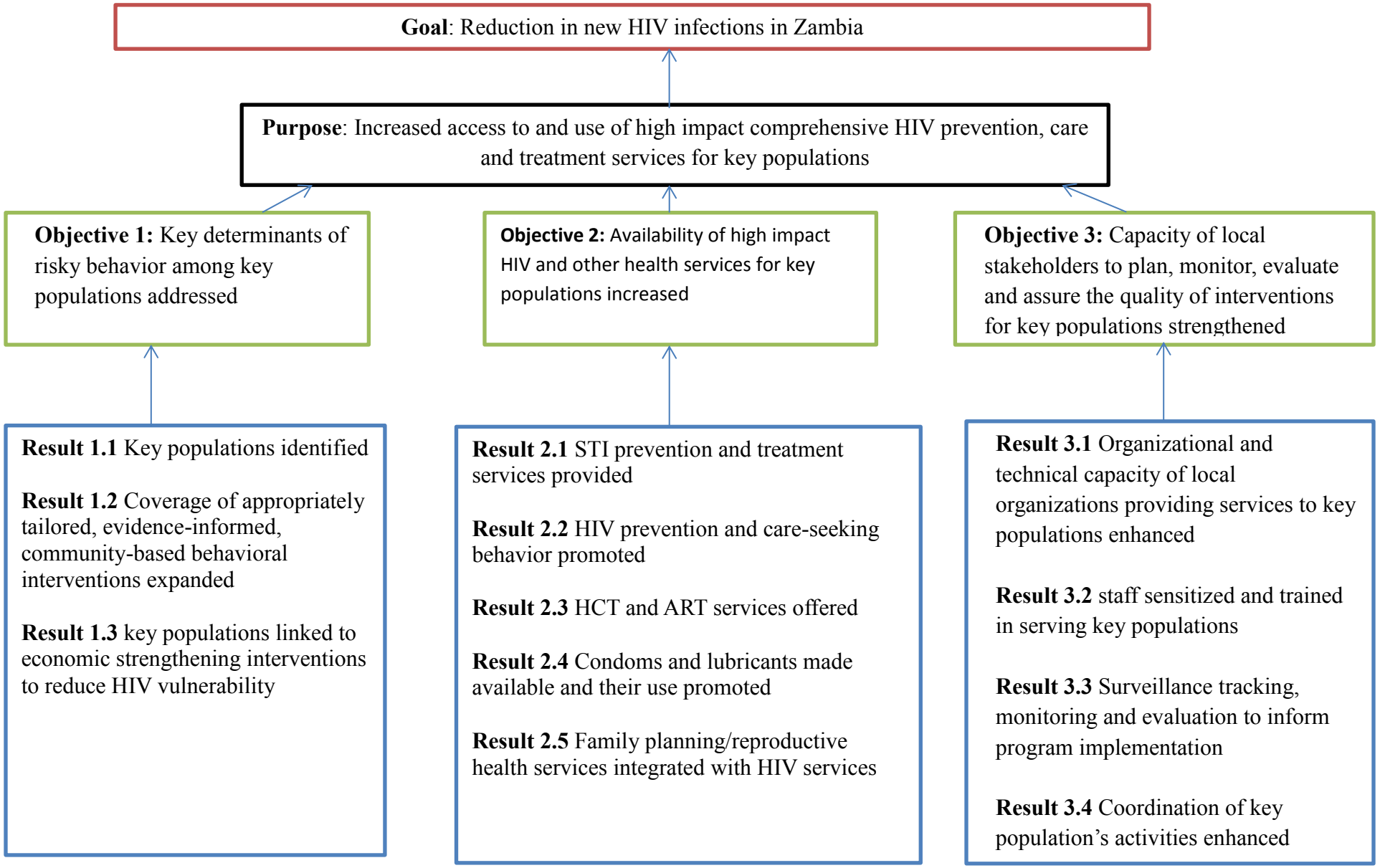
Result 3:Expected Outcomes
- Appropriate process and outcome indicators selected in intervention design and operationalized;
- Local stakeholders and other implementing partners contribute to key populations in a coordinated manner;
- Program performance tracked with data collection on key population service coverage, uptake, utilization and quality;
- Local stakeholders capacitated to analyze and interpret key population data in order to understand evolving trends, and assess and strengthen programming for key populations; and Communities mobilized for promotion of safe behaviors, positive social norms, and health-seeking behaviors.

Results Framework

The Open Doors Results Framework (Figure 1) outlines the three expected results that should contribute to increasing access and use of services by key populations (the project purpose). Applicants should describe how they would implement activities to achieve these results.

FIGURE 1

Zambia Open Doors Program: Results Framework



6. GENDER INTEGRATION

In Zambia, as in other countries, stigma and discrimination based on gender identities and sexual norms, socio-economic and structural inequities and relational power dynamics between men and women predispose to gender-based violence and pose barriers to accessing and receiving comprehensive HIV prevention, care, treatment and support for both men and women. Men and boys are influenced by gendered expectations that often encourage risk-taking behavior, discourage accessing health services and narrowly define male roles as partners and family members. For women, subservience and fear of violence may be deterrents to seeking PMTCT and other services and may constrain their ability to negotiate and promote behaviors that foster better health outcomes and avail themselves of referrals to treatment and care.

Gender norms around masculinity and sexuality put men who have sex with men and transgender persons at increased risk for HIV. Globally, MSM are 19 times more likely to be HIV-positive compared to the general population, and transgender women are 48 times more likely to have HIV compared to others of reproductive age. These disparities are the result of biological, structural and cultural conditions, as well as stigma and discrimination, which affect men, women and transgender persons differently and impede access to resources that can prevent and mitigate HIV. Such factors often limit options to learn one's HIV status and adopt protective measures, negotiate safer sex, disclose HIV sero-status, adhere to a treatment regimen and seek medical attention.

Addressing gender norms and inequities is thus critical to achieving the expected project outcomes, reducing risk and vulnerability and increasing uptake of services along the continuum of prevention to treatment and care. As such, gender integration will be a core element in all Open Doors activities.

The proposed project should respond to USAID's Gender Equality and Female Empowerment Policy[12]http://auslnxapvweb01.usaid.gov/ADS/200/205.pdf, address gender barriers and inequalities that impact desired HIV outcomes and foster broader gender equality. Proposed activities should reflect analysis, incorporate gender-related considerations relevant to HIV prevention programming and outline how such considerations will be addressed.

7. MONITORING AND EVALUATION PLAN

Open Doors shall develop a robust monitoring, evaluation and collaborative learning and adaptation plan in close consultation with USAID. This plan should include:

a) A monitoring plan to measure and assess activity results, with appropriate indicators for each level of the results framework; and

b) A strategic evaluation and learning agenda, i.e., a set of questions that the project intends to answer via systematic research methods. Because USAID intends to separately procure an independent impact evaluation of this award, applicants should focus their evaluation agenda on more formative and process evaluation questions and situational or needs

[12] http://www.pepfar.gov/press/2013 205796/htm

assessments. Such internal evaluations (conducted by the awardee) are subject to review and approval by USAID through the work plan. To avoid duplication of work, USAID may provide input to internal evaluations.

a) Monitoring Plan

It is expected that development of the monitoring plan will be done in consultation with other relevant implementing partners and GRZ Technical Working Groups and USAID. The plan indicators will feed into USAID and PEPFAR reporting, as well as reporting for other Presidential initiatives. Please refer to www.pepfar.gov for updated PEPFAR Monitoring, Evaluation and Reporting (MER) indicators. PEPFAR MER indicators should form an important part of the monitoring plan, but the plan should go beyond them via the inclusion of custom indicators to get more finely grained activity monitoring.

USAID requires that all performance measures be part of a coherent system that will objectively assess the overall progress of activities, with the ultimate goal of achieving the expected results outlined in the Program Description. Where relevant, the monitoring plan should enable tracking of higher-level outcomes.

The monitoring plan should include indicators, baselines and targets pertinent to activity-level management and monitoring that clearly support achievement of USAID/Zambia's Health and HIV and AIDS goals and targets. A robust data collection system must be developed which will include adequate data quality controls and complies with all USAID data quality requirements, as per ADS 203.3.11. Each indicator in the final monitoring plan will have a performance indicator reference sheet that provides detailed descriptions of the indicator, numerator and denominator where percentage measures are used, and a data collection plan. Where appropriate, baselines in the monitoring plan should draw on ZDHS results, as well as other studies and surveys.

The monitoring plan shall specify approximate dates for data collection, the method, type and source of information to be collected, and shall report on these indicators in line with existing and future USG guidance.

The monitoring plan should also present measures and approaches through which outcomes of capacity-building and coordination activities can be measured and verified. USAID expects the recipient to be innovative and creative in capturing, documenting and reporting on its monitoring indicators.

b) Evaluation and Learning Agenda

Prior to starting implementation of the activity, the selected applicant is encouraged to draw up a list of evaluation questions that should be answered to ensure successful implementation. Possibilities include questions about community needs, perceptions of the project, barriers to achieving targeted outcomes, piloting of tools and other matters.

Data generated by the plan will be used to design and modify programmatic approaches to improve impact, in consultation with USAID. Open Doors should carry out formative research on priority groups of interest, potentially generating biologic and behavioral data on these populations to feed into intervention design.

8. KEY PERSONNEL

USAID/Zambia considers the following five positions essential to the effective implementation of the program, and has designated these positions as key personnel: Chief of Party (COP); Deputy Chief of Party (DCOP); Director, Financial Management and Operations; Advisor, HIV Prevention, Care and Support; Advisor, Monitoring, Evaluation and Research. The following are desired qualifications and experience for each of the designated key personnel:

i) Chief of Party (COP): 100% Time

The COP shall provide overall leadership, strategic direction, and program oversight on behalf of the recipient, and will serve as principal liaison to USAID and national GRZ staff. S/he should have a deep understanding of Open Doors program goals and results and be able to articulate the vision for the program. The qualifications and skills of the COP shall include:

- A Master's Degree or higher in Public Health, Social Sciences or equivalent field with specialized training in HIV prevention, care and support interventions
- At least 10 years of experience working in HIV prevention, care and support of which eight years should have been in senior-level leading and managing large-scale HIV and public health programs in sub-Saharan Africa, including supervision of technical staff.
- Demonstrated ability to establish and sustain professional relationships, and to work collaboratively with host government agencies, civil society and community-based organizations, and other donors
- Strong leadership, communication and interpersonal skills, including ability to develop and communicate a common vision to diverse partners and a multi-disciplinary team.
- Knowledge of and experience with management of USAID-funded agreements or contracts
- Strong organizational skills including task and time management.

ii) Deputy Chief of Party (DCOP): 100% Time

The Deputy Chief of Party (DCOP) directly assists the COP in activity implementation and management. The DCOP shall have complementary technical skills and experience to the COP.

The DCOP shall report directly to the COP, and will take over leadership and oversight of the activity in the absence of the COP. Specific qualifications include:

- Master's Degree or higher in public health, social/behavioral sciences, or equivalent field;
- Minimum five years of progressively increasing responsibility working in public health in the areas of health communication, promotion, and/or education, with an emphasis on HIV prevention;
- Demonstrated management skills, including relevant experience in direct supervision of professional staff;
- Demonstrated ability to establish and sustain professional relationships, and to work collaboratively with host government agencies, civil society and community-based organizations, and other donors
- Depth and breadth of knowledge of and experience in HIV prevention, care and support for key populations.
- Strong organizational skills including task and time management.

iii) Director, Financial Management and Operations: 100% Time

This individual will be responsible for overall financial management and administration. Minimum qualifications include:

- A Master's Degree in Business Administration, Finance, Accounting or other relevant field; or, a Bachelor's or certified accounting degree with 10 years' experience
- Minimum eight years' experience in accounting, operations and financial management of large-scale, complex, international development assistance programs
- Demonstrated supervisory experience, interpersonal skills and team building experience
- Familiarity with USG financial reporting and compliance requirements
- Demonstrated experience and skills in developing and managing large budgets
- Three to five years of relevant grants and contract management experience

iv) Advisor, HIV Prevention, Care and Support: 100% time

The Advisor, HIV Prevention will directly support the COP in the design, roll-out and day-today management and implementation of community-based combination prevention interventions and related community strengthening activities. S/he should have:

- A Master's degree or higher in Public Health, Social and/or Behavioral Sciences or a related field, with specific emphasis on community-level health promotion and/or education
- Minimum seven years' experience in the ESA region designing and implementing large-scale HIV prevention care and support programs for key populations
- At least four years in a technical leadership/management role for a project of similar size and complexity, including experience with direct supervision of professional staff

- Demonstrated knowledge of evidence-based and structural HIV prevention care and support interventions for key populations and linkage to services, and approaches to addressing gender issues relating to HIV prevention
- Prior experience in building capacity for key populations and health care providers in improving health and use of participatory methodologies for planning and implementing local-level activities
- Excellent interpersonal, training, facilitation, team building and problem solving skills, and ability to ensure confidentiality
- Demonstrated ability to establish and sustain professional relationships and to work collaboratively with host country government counterparts and civil society organizations
- Excellent written and oral communication skills.

v) Advisor, Monitoring, Evaluation and Research: 100% Time

This individual will lead Open Doors monitoring, evaluation and research efforts. S/he shall develop monitoring, evaluation and reporting (MER) systems that include appropriate indicators, baseline data, targets and a plan to evaluate performance and produce timely, accurate and complete reporting. S/he will have the following qualifications, skills and experience:

- A Master's Degree or higher in Public Health, Social Sciences, or other relevant discipline
- Minimum eight years working on monitoring, evaluation and research in the public health and HIV fields with progressively increasing responsibility
- Demonstrated expertise in designing and implementing rigorous quantitative and qualitative research, rapid appraisals, bio-behavioral surveillance, and in methods for data analysis
- Hands-on practical experience setting up and managing MER systems for health programs in developing countries, and the ability to coach and train others in their use
- Knowledge of M&E issues and indicator development for HIV prevention and service delivery strengthening related to HIV/AIDS
- Familiarity with PEPFAR indicators and reporting requirements
- Excellent report writing, analytical and oral presentation skills
- Experience in knowledge management and dissemination of research findings.

8. AUTHORITY

USAID is authorized to initiate this project pursuant to the authority granted in the Foreign Assistance Act of 1961, as amended and the resulting award will be subject to 2 CFR 700 and 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

1. ESTIMATE OF FUNDS AVAILABLE AND NUMBER OF AWARDS CONTEMPLATED

USAID intends to provide up to $24,500,000.00 in total Federal funding for the USAID/Zambia Open Doors Project over the life of the project. USAID expects to award one Cooperative Agreement pursuant to this RFA and actual funding amounts are subject to availability of funds.

2. START DATE AND PERIOD OF PERFORMANCE FOR FEDERAL AWARDS

The period of performance anticipated herein is five years. The estimated start date will be upon the signature of the award, on or about September 2015.

3. SUBSTANTIAL INVOLVEMENT

The intended substantial involvement under the award is expected to be as follows:

a. Approval of the Recipient's Implementation Plans

b. Approval of Specified Key Personnel

c. Agency and Recipient Collaboration or Joint Participation

(1) USAID participation as a member of any program advisory committee.

(2) Concurrence on the substantive provisions of sub-awards.

(3) Approval of the recipient's monitoring and evaluation plans.

(4) *Direction and Redirection of Activities*: Funding for PEPFAR activities, including Open Doors is approved annually through the PEPFAR Country Operational Plan (COP) process. The AOR will communicate any changes in technical guidance and funding levels that may impact Open Doors implementation. The planned impact evaluation may have a bearing on Open Doors' geographical locations and implementation schedule.

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c. Agency Authority to Immediately Halt a Construction Activity

4. TITLE TO PROPERTY

Property title under the resultant agreement shall vest with the recipient.

5. AUTHORIZED GEOGRAPHIC CODE

The geographic code for this program is **935.**

6. PURPOSE OF THE AWARD

The principal purpose of the relationship with the Recipient and under the subject program/project is to transfer funds to accomplish a public purpose of support or stimulation of the Open Doors Project which is authorized by Federal statute.

The successful Recipient will be responsible for ensuring the achievement of the project results 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, project results, 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.

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Any qualified U.S., Zambian or other non-US organizations (this includes private, non-profit organizations, or for-profit organizations willing to forego profits, universities, research organizations, professional associations, relevant special interest associations. Faith-based and community organizations) may participate under this RFA, except individuals and governments.

In support of the Agency's interest in fostering a larger assistance base and expanding the number and sustainability of development partners, USAID encourages applications from organizations which have not previously received financial assistance from USAID.

The Recipient must be a responsible entity. When considering making an award to an organization with limited or no previous, 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 results of the program and comply with the terms and conditions of the award.

2. COST SHARING OR MATCHING AND LEVERAGING

For U.S. and Other Non-U.S. (International) Organizations to be eligible, they must propose a minimum USAID cost share of 10 percent of the projected USAID funded amount. These applicants must clearly detail the suggested cost share in the budget and budget notes. 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. Cost sharing contributions must be in accordance with 2 CFR 200.306 and or 2 CFR 700.1.

For local Zambia organizations/applicants, no cost share will be required. However, leveraging of resources, including from the private sector, is encouraged.

Additionally, USAID is looking for innovative, practical approaches to using these resources while promoting the project's results.

3. OTHER

An interested applicant is allowed to submit only one application.

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. AGENCY POINT OF CONTACT

Ayana Angulo
Agreement Officer
Embassy of the United States of America
Subdivision 694/Stand 100 Ibex Hill Road
P.O. Box 320373
Lusaka, Zambia
aangulo@usaid.gov
Tel.: 260-211-357000

Charles Nyanoka
A&A Specialist
Embassy of the United States of America
Subdivision 694/Stand 100 Ibex Hill Road
P.O. Box 320373
Lusaka, Zambia
cnyanoka@usaid.gov
Tel.: 260-211-357000

Questions and Answers:

Questions regarding this RFA should be submitted to **oaa-solicit-lusaka@usaid.gov** no later than ***June 09, 2015 (15:00 hrs. Zambia Time)*** to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation. Any information given to a prospective Applicant concerning this RFA will be furnished promptly to all other prospective Applicants as an amendment to this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk. All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the technical and cost application format.

To facilitate the competitive review of the application, the applications must be submitted electronically in two separate volumes (technical and cost applications). Email submissions must include the following in the subject line:

Technical Application under RFA-611-15-000014, submitted by {Organization name}
Cost Application under RFA-611-15-000014, submitted by {Organization name}

Applications must use MS Word/PDF and/or Excel in letter or A4 format and single-spaced, using size 12 font Times New Roman. Use of smaller font or other page format may result in removal of application material provided to the evaluation panel. However, the minimum font size for maps, charts or exhibits is 10 Times New Roman.

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

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, a grant is awarded to this Applicant as a result of – or in connection with – the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers} and, mark each sheet of data it wished to restrict with the following legend:

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

Applicants should retain for their records one (1) copy of the application and all enclosures which accompany it.

3. APPLICATION SUBMISSION PROCEDURES

Applications must be submitted electronically via e-mail to: **oaa-solicit-lusaka@usaid.gov** by the date and time indicated on the cover letter. **Late submissions will Not be accepted. Hard copies, whether hand delivered or by postal mail will NOT be accepted.**

For an application sent by multiple emails, please indicate in the subject line of the email whether the email relates to the technical or cost application, and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line which says: "[organization name], Cost Application, Part 1 of 2".

Applicants must send a maximum of two documents for the technical application and a maximum of two documents for the cost application (e.g. that you consolidate the various parts of a technical application into a single document before sending them). The file size limit for each attachment is 10MB. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear. All applications received by the submission deadline will be reviewed for responsiveness to the RFA and the application format. No addition or modifications will be accepted after the submission date.

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

4. TECHNICAL APPLICATION FORMAT

The technical application will be the most important factor for consideration in selection for award of the proposed Cooperative Agreement. The technical application should be specific, complete and presented concisely. The application should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The application should take into account the requirements of the program and evaluation criteria found in this RFA.

The technical application must:

- Be written in English;
- Be written on letter size paper (8 inches x 11 inches) with 1-inch margins on all sides;
- Be single spaced and paginated with each page consecutively numbered;
- Be written using Times New Roman 12-point font; and
- Not exceed thirty five (35) pages (not including the cover page, table of contents, acronym list, executive summary, or appendices [i.e. the "Annexes" or "technical attachments" noted above]). Pages in excess of this stated limit will not be reviewed. Note that this page limit does not include the Cost Application.
- The title page of the technical application should include: the name and address of the applicant and the RFA number.

The technical application shall include the following sections:

a) Cover Page (one page)
   1. Include Project title, RFA number, name of organization(s) submitting the application, contact person, telephone and fax number, email and address. (Note: No cost data should be included on the cover page of the technical application).
b) Table of Contents (no more than one page)
c) Acronym List (as appropriate)
d) Executive Summary (no more than two pages)
   1. Briefly describe how the Applicant(s) proposes to meet the requirements, carry out the activities and achieve the anticipated objectives and results. Briefly describe the technical and managerial resources of the Applicant's organization and sub-partners and describe how the overall program will be managed.
e) Technical Components (no more than 35 pages)
   1. Technical Understanding and Approach: The approach should include a technically sound vision that addresses all the results in the Program Description. The Applicant should provide a strategy for engaging the GRZ and other key stakeholders for a unified response to the needs of and challenges faced by key populations. The application should include a realistic implementation plan for rapid start-up.
   2. Monitoring, Evaluation and Reporting: The M&E Plan should describe the approach to monitoring, evaluation, and reporting that will advance its own implementation as well as contribute to the broader evidence-base for key populations programming. Note that a draft performance monitoring plan should also be included in the technical attachments.

3. Key Populations and Gender Considerations: The Applicant should describe the needs, challenges and opportunities of programming that emphasizes key population and gender issues. The Applicant should propose activities to address key population and gender issues, including the involvement of males, to achieve each of the objectives and/or results.
4. Sustainability: The Applicant should describe why sustainability is important and how it will ensure the sustainability of the work beyond the life of the project. The Applicant should clearly discuss the link between the services of the project and those of the public system.

f) Describe the institutional capability of the applicant and sub-partners to complete the proposed work, including relevant organizational expertise, management capacity and prior experience in Zambia and the east/southern Africa regions to design, manage and implement programs of similar size, scope and complexity and to facilitate successful implementation of the project.

g) Management Approach:
1. Management Plan: Briefly describe the management structure, including the proposed staff and management relationships, roles and responsibilities; the anticipated management arrangements between and distinctive roles and responsibilities of the applicant and sub partners, if applicable, and how they contribute to achieving outcomes and impact; management of sub-awardees, if applicable; local organization(s) that will participate in the management structure; and the financial management plan for assurance of timely and accurate management, disbursement and reporting of multiple funding streams. Note that an organizational chart should be included in the technical attachments.
2. Describe the staffing plan for technical and administrative staff. Describe key personnel positions and specifically identify which staff members are proposed as key personnel. Note that all key personnel are encouraged to be local Zambians, and resumes/CVs and letters of interest/commitment of key personnel should be included in the technical attachments.

h) ANNEXES(as appropriate):

i. **Annex** A: **Reference/Citation List**

References identifying relevant works cited in body of technical application, including citations of the available evidence for proposed activities/interventions, associated causal and behavioral frameworks/models/theories; epidemiological data cited;

ii. **Annex B. Performance Monitoring Plan (PMP) and Evaluation:**

The PMP shall present an illustrative plan for monitoring performance, including: (1) Proposed indicators that will be used to monitor the project's progress toward achieving the four results; and (2) Proposed data collection methods, types, information sources, and frequency of collection. The draft PMP shall be consistent

with USAID's Evaluation Policy (http://www.usaid.gov/evaluation/) and ADS 303 and ADS 220 requirements;

Project Implementation Timeline: Detailed timeline of proposed 5-year project, including formative work, implementation, monitoring and evaluation;

iii. Annex C: Staffing Plan and Key Personnel

- Resumes/CVs of Proposed Key Personnel (3 pages or less for each individual)
- Letters of Interest to Participate/Letters of Commitment from proposed key personnel (I page for each person)
- Organizational Chart illustrating the overall staffing pattern being proposed (1 page)
- Signed letters acknowledging intent to collaborate, from any stated partners or sub-awardees;
    - All proposed sub-partners, including non-governmental agencies and academic institutions; and
    - Local organizations with whom the Applicant plans to enter a capacity-building relationship (if different from the above);

5. COST APPLICATION FORMAT

The Cost Application must be submitted via a separate email from the technical application.

The following sections describe the documentation that applicants for Assistance awards must submit to USAID prior to award. While there is no page limit for this portion, applicants are encouraged to be as concise as possible. Applicants must submit:

- The SF-424, Application for Federal Assistance; SF-424A, Budget Information – Non-Construction Programs; and SF-424B, Assurances – Non-Construction Programs.
- A summary budget in Microsoft Excel with all formulas included.
- Budget narrative in MS Word (Times New Roman or Arial Font and minimum font size 12) explaining costs to be incurred which provides in detail the total costs for implementation of the program your organization is proposing
- A copy of personnel and travel policies
- A copy of the latest Negotiated Indirect Cost Rate Agreement if your organization or a sub-partner has such an agreement with the US Government;
- Breakout of Monitoring & Evaluation and Branding & Marking Costs
- A detailed/itemized budget, including a breakdown by year, by cost category and budget line items for all federal funding in MS Excel with all formulas included. Applicants must clearly identify all proposed cost share contributions for specific line items in the itemized budget. Applicants must include each line item listed below and include additional line items as applicable to your technical application:

- Salary and Wages
- Fringe Benefits
- Allowances
- Consultants
- Travel, Transportation, and Per Diem
- Equipment
- Supplies
- Programmatic Costs
- Other Direct Costs
- Contractual
- Participant Training
- Indirect Costs

Salary and Wages: Direct salary and wages should be proposed in accordance with the applicant's personnel policies and meet the regulatory requirements. Costs of long-term and short-term personnel should be broken down by person years, months, days or hours.

Fringe Benefits: Allowances and services provided by the applicant to its employees as compensation in addition to regular wages and salaries are allowable. A detailed cost breakdown by benefit types should be provided.

Allowances: Allowances should be broken down by specific type and by person, and should be in accordance with applicant's policies and the Department of State Standard Regulations (DSSR).

Consultants: Services rendered by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the applicant are allowable costs. Costs of consultants should be broken down by person years, months, days or hours.

Travel, Transportation, and Per Diem: Cost principles in the FAR and Code of Federal Regulations provide for costs for transportation, lodging, meals and incidental expenses. Costs should be broken down by the number of trips, domestic and international, cost per trip, per diem and other related travel costs.

Equipment: must include information estimated types of equipment (all property except land or interest in land) and the cost per unit and quantity. The budget narrative should include the basis for the estimates.

Supplies: Supplies includes information on supplies (expendable) and the cost per unit and quantity. The budget narrative must include the basis for the estimates.

Programmatic Costs: costs not included under other cost elements must be included here. This may include meeting costs, seminars and conferences, other training sessions, advertisements etc. the budget narrative must detail the number of meetings/trainings, training meeting costs such as facility rental, meals, local travel for participants. Meals and local travel must not be duplicated for the applicant's staff in travel and transportation, but should only cover non

applicant or non sub-recipient employees attending training. other costs that should be included under this budget line are 1).branding and marking Costs: ADS 320.3.6.3 states the costs of branding and marking are eligible for financing if the costs are reasonable, allocable, and allowable in accordance with applicable cost principles. Such costs should be included in the total estimated cost or bid/offer price of the implementing partner; and 2) monitoring and evaluation costs: ADS 203.3.5, provides for costs of data collection, analysis, and reporting as a line item to ensure that adequate resources are available.

Other Direct Costs: Various types of direct costs and many cost elements are allowable. Costs should be broken down by types and units.

Contractual: must specify the services or goods provided by the sub-award. The sub-award must prepare similar detailed budget and budget narratives that align with the same requirements as the Applicant. If using a U.S. sub-award, the sub-award must provide its USAID NICRA or an approved letter from a cognizant U.S. Federal audit agency to substantiate fringe or indirect rates. If none exists, the U.S. organizations must provide three years of audited financial data and a narrative that supports how fringe and indirect rates are calculated. All vehicles need to be purchased by the prime recipient. Please refer to 2 CFR 200.400, "Audits of States, Local Governments, and Non-Profit Organizations" for guidance on determining the appropriate sub-tier instrument.

Participant Training: training costs must be clearly identified. ADS 253 provides for participant training and training in development. Training costs should be broken down by types and participants.

Indirect Costs: If the apparently recipient has never received a negotiated indirect cost rate, the recipient may choose to charge a de minimus rate of 10% of modified total direct costs (see 2 CFR 200.414(f)). If the prospective applicant chooses the de minimus rate, the AO must incorporate the 10% indirect cost rate in the award budget and the recipient must follow the requirements in 2 CFR 200.414(f).

6. BUDGET NARRATIVE

The cost elements provided in the detailed budget should also be provided in the budget narrative, but with text that explains the rationale for choices of costs. As noted throughout the cost elements above, the budget narrative should contain sufficient detail so that USAID can read the budget narrative while reviewing the detailed budget and understand the proposed costs. The budget narrative should be thorough, including sources of costs to more quickly enable USAID determine the cost as fair and reasonable.

7. ADDITIONAL INFORMATION

Upon consideration of award or during the negotiations leading to an award, Applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to make an affirmative determination of responsibility. Applicants should not submit the information below with their applications! The information in this section is provided so that

Applicants may become familiar with additional documentation that may be requested by the Agreement Officer:

- Required certifications, assurances, and other statements. Applicants must submit all the required certifications described in ADS 303.3.8 **(http://www.usaid.gov/policy/ads/300/303sad.pdf).**

- **Past Performance References (PPRs)**: Past performance is defined as relevant information regarding applicants' actions under a previous award. Applicants shall provide detailed past performance information using the Past Performance Information Data Sheet included in the RFA for the three most relevant current or previous awards performed within the last three years that are similar in size, scope, and objectives/results to what is described in the Program Description. The Apparently Successful Applicant should submit all of its cost reimbursement contracts, grants or cooperative agreements involving similar or related programs during the past three years. (USAID recommends that you alert the contacts that their names have been submitted and that they are authorized to provide performance information concerning the listed activities when USAID requests it.)."

- **Branding Implementation Plan and Marking Plan**. A Branding Implementation Plan and Marking Plan shall be in accordance with the USAID Branding and Marking plan as required per ADS 320. Refer to ADS 320, (http://www.usaid.gov/policy/ads/300/320) specifically 320.3.3.3 for more information.

Responsibility Determination: Applicants should submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the applicant:

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

2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental.

3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.

4. Has a satisfactory record of integrity and business ethics; and

5. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations.

An award shall be made only when the Agreement Officer makes a positive 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.

For organizations that are new to USAID or organizations with outstanding audit findings, it may be necessary to perform a pre-award survey.

8. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT

DUN AND BRADSTREET AND SAM.GOV REQUIREMENTS

USAID may not award to an applicant until the applicant has complied with all applicable unique entity identifier and 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.

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time.

9. FUNDING RESTRICTIONS

- USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost principle under 2 CFR 200 Subpart E. of the Uniform Administrative Requirements may be paid under the anticipated award.
- USAID/Zambia will consider requests to purchase condoms and lubricants as needed.
- Purchase of drugs for STI screening and management will be allowed to supplement STI drugs available at government health facilities
- Construction will only be allowed to the extent to be described in the standard provision

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

1. CRITERIA

The selection criteria found in this section are the criteria by which all applications will be individually reviewed. For the purpose of this RFA, technical considerations are more important than cost and other criteria. Application should contain the Applicant's best terms from both technical and cost standpoints. USAID reserves the right, but is not under obligation, to enter into discussions with one or more applicants to obtain clarifications, additional details, or to suggest refinements in the proposed program description, budget, or other aspects of an application, if doing so is determined to be in the best interests of the U.S. Government.

Technical Applications will be reviewed using an adjectival rating against each merit review criteria and sub-criteria. Where sub-criteria exist, these will be used as elements to be considered when establishing the overall rating for the major criterion. Cost has not been assigned an adjectival rating; however, cost estimates for the successful applicant will be analyzed as part of the application review process for realism, allocability, reasonableness and allowability.

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications, (b) set the standard against which all applications will be reviewed, and (c) inform an award decision.

2. REVIEW AND SELECTION PROCESS

The technical applications will be evaluated in accordance with the Selection Criteria set forth below. A detailed cost review will only be performed on the apparently successful applicant. To the extent that they are necessary, negotiations may then be conducted with applicant(s) whose application, after discussion and negotiation, has a reasonable chance of being selected for award. The Agreement Officer will then select an Apparently Successful Applicant. The Apparently Successful Applicant means the applicant has been recommended for an award after evaluation, but has not yet been awarded a grant, cooperative agreement.

APPLICATION REVIEW INFORMATION
A. Technical Evaluation

USAID will conduct a merit review of all applications received that complies with the instructions in this RFA. Applications will be reviewed and evaluated in accordance with the following criteria in descending order of importance. For example, selection criteria # 1 is more important than selection criteria # 2; selection criteria # 2 is more important than selection criteria # 3, etc.

Selection Criteria 1: Technical Approach
The application will be evaluated on the extent to how sound the overall technical application and effective the proposed plan make a significant positive contribution towards the prevention of HIV infection among program beneficiaries and their communities. The following **Sub-Criteria** relate to the evaluation of the technical approach in order of importance.

Sub-Criteria 1: Technical Understanding and Approach

The application will be evaluated on the extent to which the application demonstrates understanding of the challenges and opportunities present in the relevant geographical area in the prevention of HIV infection among key populations. The following considerations relate to the evaluation of this sub-criteria:

- The applicant proposes interventions for key populations that are in line with the principles and approaches outlined in the Program Description.
- The application demonstrates a clear and succinct strategy for engaging the GRZ and other key stakeholders in fostering a unified response to challenges faced in HIV prevention, care, support and treatment among key populations, which is clear, feasible and addresses sustaining activities and results beyond the life of this project.
- The applicant proposes an implementation schedule of activities over the five-year period that is realistic, and which includes a feasible plan for rapid start-up of activities.

Sub-Criteria 2: Monitoring, Evaluation and Reporting (MER)

The application will be evaluated on the extent to the responsiveness of the monitoring and evaluation (M&E) plan in achieving the desired results of the project. The following considerations relate to the evaluation of this sub-criteria:

- The applicant presents a clear and feasible strategy for coordination and integration with existing GRZ information management systems.
- The application describes clearly how the project will ensure quality of data.
- The M&E plan includes appropriate PEPFAR "Monitoring, Evaluation and Reporting" indicators and custom indicators that are outcome-oriented.
- Indicators are key population and gender-sensitive and there should not be more than 10 priority indicators in total.
- The M&E plan includes targets that are challenging but attainable.

Sub-Criteria 3: Key Population and Gender Considerations

The application will be evaluated on the extent to the understanding of key population and gender issues, and proposed responses to engaging actual or potential male clients and partners of sex workers and other key populations in a manner that complements and reinforces direct interventions with key populations.

The following considerations relate to the evaluation of this sub-criteria:

- The application demonstrates a clear understanding of key population and gender issues that might affect the success of the project.
- The application demonstrates an understanding of the unique needs of key populations and includes their active involvement in the project.
- The application demonstrates a clear understanding of the role of male clients and partners and potentially complementary interventions.

Sub-Criteria 4: Sustainability

The application will be evaluated on the extent to which the applicant addresses sustainability of program results and accomplishment beyond the life of the activity. The following considerations relate to the evaluation of this sub-criteria:

- The applicant exhibits a clear understanding of the need for sustainability.
- The applicant describes a clear linkage between proposed service providers and beneficiaries on one hand and the public health system on the other.
- The applicant demonstrates how products and services offered by the activity will be integrated into national systems.
- The applicant describes how the services offered under the activity will transition and be sustained beyond the life of Open Doors.

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Selection Criteria 2: Institutional Capability

The application under this criterion will evaluate the extent to which the Applicant's institutional capability demonstrates the ability to effectively implement this program. The following considerations relate to the evaluation of this sub-criteria:

- The application demonstrates the organization's knowledge, capability, and experience of the prime applicant and sub-partners, in providing comprehensive, cost-effective, quality HIV/STI services at community level.
- The application demonstrates the ability of the applicant to conduct sub-grantee management of organizations providing HIV prevention services
- The capacity development plan is realistic and matches the areas of development for the organization(s) – prime and sub-partners.

Selection Criteria 3: Management Approach

The application will be evaluated on the extent to which the management and staffing plan, including key personnel, appropriately defines organizational responsibilities to successfully achieve the results of the project and effectively manage and implement activities.
The following sub-criteria relate to the evaluation of the management approach in order of importance.

Sub-Criteria 1: Management Plan

Evaluation under this sub-criterion will consider the appropriateness of the management plan in determining organizational responsibilities to achieve the results of the project. The following considerations relate to the evaluation of this sub-criteria:

- The management plan clearly describes the roles of the prime organization and sub-partners, and the comparative advantage of each organization.
- The management plan demonstrates a heavy reliance on local indigenous Zambian organizations for technical, monitoring and evaluation (M&E) and administrative leadership.
- The division of labor among prime and subs is clear and appropriate to ensure the highest quality coordination and collaboration with the national, provincial, and district government and other key stakeholders, including beneficiaries.
- The management plan, including geographical location of the proposed applicant's offices, leads to efficiencies in operational and financial management.

Sub-Criteria 2: Staffing Plan and Key Personnel

The evaluation of these sub-criteria will consider the appropriateness of the staffing plan, including key personnel, to sufficiently manage and implement project activities under this award. The following considerations relate to the evaluation of this sub-criteria:

- The staffing plan has the right number of people and complement of technical and administrative skills to effectively manage the program towards achievement of results.
- The organizational chart demonstrates that proposed personnel are placed appropriately in the organizational chart with clearly defined position titles, level of effort, and lines of reporting.
- The required five key personnel are encouraged to be local Zambian candidates and proposed with their names, positions, and a paragraph describing how the proposed candidates' skills and experiences are relevant to achieve the results of this RFA.
- The proposed key personnel's skills and experiences meet the requirements described in section A of the RFA and clearly demonstrate the suitability of the candidates for the positions.
- In addition to key personnel, other proposed full or part-time staff and consultant positions are in accordance with the needs of the project.

B. Cost Evaluation

While Cost is less important than technical and is not weighted, however, the cost applications of the apparently successful technical applications will be evaluated for cost effectiveness including the level of proposed cost share. Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application. Proposed costs may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility. In addition, the organization must demonstrate adequate financial management capability, to be measured for a responsibility determination.

Cost Sharing

Cost sharing is an important element of the USAID-Recipient relationship and successful Applicant's compliance with section C will be considered before award. The cost application should clearly demonstrate the Applicant's plan for provides the required cost share and/or leverage. The proposed cost share and leverage should meet standards set in 2CFR 200.306/ 2 CFR 700.1 and ADS 303.3.10.3 respectively.

3. ANTICIPATED ANNOUNCEMENT AND FEDERAL AWARD DATES

An award is anticipated in September 2015.

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

USAID reserves the right to make the award without discussions. Applicants will be notified in writing via an email of their application status (successful or unsuccessful) upon completion of the review process.

Successful Applicant Notification: The Agreement Officer will provide the successful applicant a signed notice of award. The Notice will be provided to the point of contact noted in the applications. The notice of selection is not an authorization to begin performance of activities; neither does this Notice allow charging pre-award costs to the award.

Award of the agreement contemplated by this RFA 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.

Unsuccessful Applicant Notification:
Pursuant to ADS 303.3.7.1.b, the Agreement Officer will electronically notify unsuccessful applicants that they will not be considered further for an award. A debriefing may be provided if requested in accordance with ADS 303.3.7.2.

2. ADMINISTRATIVE & NATIONAL POLICY REQUIREMENTS

The Agreement Officer will use applicable policies and standard provisions in the administration of the resulting award. No deviations are currently contemplated to the applicable policies and standard deviations for the cooperative agreement resulting from this RFA.

- For U.S. organizations, 2 CFR 700, 2 CFR 200, applicable policies of ADS 303 and ADS 303maa, Standard Provisions for U.S. Non-governmental Organizations will apply. The standard provisions can be found at the following web address:

    - 2 CFR 700 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: http://www.ecfr.gov/cgi-bin/text-idx?SID=18fce4045d211e74d460016792650587&node=20141219y1.358

    - 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

- Mandatory Standard Provisions for U.S. Nongovernmental Recipients: http://www.usaid.gov/ads/policy/300/303maa,

- For non-U.S. organizations, applicable policies of ADS 303 and ADS 303mab, Standard Provisions for Non-U.S. Non-governmental Organizations will apply. These standard provisions can be found at the following web address:

  - Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients: http://www.usaid.gov/policy/ads/300/303mab.pdf

  - 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

3. REPORTING REQUIREMENTS.

The Recipient shall adhere to all reporting requirements listed below. All reports shall be submitted by the due date for approval by the USAID Agreement Officer's Representative (AOR) designated by the Agreement Officer. The Recipient will consult the AOR on the format and expected content of reports prior to submission.

i. **Financial Reporting**:

In accordance with 2 CFR 200.327, the SF 425 must be submitted on a quarterly basis. The recipient shall submit these forms in the following manner:

- If the Recipient has a Letter of Credit with the US government then, on a quarterly basis, report expenditures/liquidations to DHHS electronically on the Federal Financial Report (FFR/SF-425), lines 10a – 10c and the FFR Attachment (SF-425A) using the DHHS Payment Management System.
- The SF 425 (and SF 425a if necessary) must be submitted via electronic format to the Agreement Officer's Representative (AOR), the Agreement Officer (AO), and the USAID/Zambia Financial Management Office. The Federal Financial Report (FFR/SF-425) is available in PDF or Excel format at the OMB website: http://www.whitehouse.gov/omb/grants_forms/ .
- The financial reports are due 30 days after the end of each fiscal year quarter on October 30, January 30, April 30, and July 31.
- If the Recipient has a Letter of Credit with the US government then, a copy of the "Final" Federal Financial Report (FFR/SF-425) report for this award is to be submitted to the USAID LOC Team at locfinalreport@usaid.gov.

ii. Annual Work Planning

Within 90 days after the signing of the Award, the Recipient will submit a Costed Annual Implementation Plan that delineates the process, operational approaches and monitoring and evaluation plan to achieve the results set forth in the Program Description. The Annual Work Plan details the specific interventions, milestones, and outputs that will be accomplished within a single implementation year. It also demonstrates how the recipient will address program challenges and build on activities from the prior years' implementation.

Target Setting: The recipient will work collaboratively with the AOR to set annual activity targets that will contribute to reaching USAID/Zambia Mission-wide strategic plans. Annual targets will also contribute to global PEPFAR targets as set out by the *PEPFAR Blueprint: Creating an AIDS-free Generation* or current guidance established by the Office of the Global AIDS Coordinator and country PEPFAR Coordination Office. Initial activity target setting will be informed by existing and activity baseline data that should be available within 180 days of activity start-up.

Annual targets must also be established for each indicator and presented to the USAID/Zambia AOR during the development of the annual USAID Operational Plan and USG Country Operational Plan.

Except in the initial year, the Annual Implementation Plan will include an Annual Report, summarizing annual and cumulative grants/contracts made and results achieved. The Annual Report is intended to capture both substantive as well as summary financial information.

The recipient will submit annual implementation plans to the Agreement Officer's Representative (AOR) in concert with other PEPFAR/Zambia partners, keyed into each US fiscal year of the Cooperative Agreement.
Subsequent 12-month implementation plans through the end of the agreement will be prepared on a 12-month fiscal year basis (October 1 – September 30) and submitted to the AOR not later than 30 days before the close of each preceding fiscal year, e.g. August 31.

- Contents - The implementation plan will describe activities and associated budget items to be conducted at a greater level of detail than the agreement Program Description, but shall be cross-referenced with the applicable sections in the agreement Program Description. For example, the plan will include an annual training schedule (broken out by quarter) with the types of training and assistance offered, a brief description of each, the target audience and expected outcomes for participants. All implementation plan activities must be within the scope of the agreement. Implementation plan activities shall not alter the agreement Program Description or terms and conditions in any way; such changes may only be approved by the Agreement Officer, in advance and in writing. Thereafter, if there are inconsistencies between the implementation plan and the agreement Program

Description or other terms and conditions of this agreement, the latter will take precedence over the implementation plan.

- Distribution - Copies of the final implementation plans will be distributed as follows: one copy to the AOR, and one copy to the Agreement Officer.

- Revisions - In the event that revisions to the annual implementation plans are necessary, the recipient shall submit a revised implementation plan or a modification to the implementation plan in writing. The modification or revision will not be effective until it has been approved by the AOR in writing.

- Environmental Mitigation and Monitoring Plan (EMMP): The Recipient shall develop the EMMP as part of the annual work planning process describing how the project will implement the conditions in the IEE. This shall include training of Recipient staff and sub-partners, when appropriate. The EMMP shall be submitted to the AOR and Mission Environmental Officer with the initial Annual Work Plan within 90 days of the award effective date.

iii. Activity Monitoring, Evaluation, and Reporting Plan

USAID may separately procure an independent impact evaluation on Open Doors Project. Should USAID take this route it will be critical that the Recipient works in close conjunction with both USAID and the independent evaluators to ensure the successful implementation of the impact evaluation. Consultation with USAID and the performance evaluators on plans for implementation will be required before implementation begins, so that the most rigorous evaluation can be implemented. USAID and the evaluator will need to be consulted on the nature of the proposed intervention activities, implementation protocols or standard operating procedures, the plan for piloting the interventions, and the plan for where and when actual roll out (full-scale implementation) of the interventions will occur. It is expected that the external evaluation partner will have input into Open Doors process for site selection as the intervention package is implemented and scaled up. This is to ensure that intervention implementation does not restrict the options for impact evaluation methods. USAID will expect the Recipient to review and provide input on the impact evaluation design, tools, and reports.

iv. Monitoring and Evaluation Plan

(a) Monitoring Plan

Within 90 days of award, the recipient should submit in writing to USAID/Zambia a final activity monitoring, evaluation and learning plan for the time frame of the activity.

Upon award, the recipient should work with the USAID/Zambia Agreement Officer's Representative (AOR) and HIV/AIDS Multisectoral Team Strategic Information staff to ensure that indicators are aligned with the Mission's development objectives and results framework, as well as with required PEPFAR and health strategic objectives. The recipient should also consult with other relevant implementing partners and GRZ Technical Working Groups in developing the final monitoring plan. Plan indicators will feed into USAID and

PEPFAR reporting, as well as reporting for other Presidential initiatives. Please refer to www.pepfar.gov for updated PEPFAR Monitoring, Evaluation and Reporting (MER) indicators. PEPFAR MER indicators should form an important part of the monitoring plan, but the plan should go beyond them via the inclusion of custom indicators to get more finely grained activity monitoring.

(b) Evaluation and Learning Agenda
Before the start of implantation, the recipient is encouraged to draw up a list of evaluation questions that should be answered to ensure successful implementation. Possibilities include questions about community needs, perceptions of the project, barriers to achieving targeted outcomes, piloting of tools and other matters.

Data generated by the plan will be used to design and modify programmatic approaches to improve impact, in consultation with USAID. Open Doors should carry out formative research on priority groups of interest, potentially generating biologic and behavioral data on these populations to feed into intervention design.

v. **Quarterly Progress Reports**

Progress Reporting: The recipient shall submit quarterly performance reports to the USAID/Zambia AOR to reflect results and activities of each preceding quarter. The Recipient shall report quarterly in relation to the annual work plan and the program description. Progress Reports shall be submitted 30 days after the first three fiscal year quarters to the AOR with a copy to the AO. The reports are due on January 31, April 30, and July 31. These reports will be used by USAID/Zambia to fulfill electronic reporting requirements to USAID/Washington and the Office of the Global AIDS Coordinator (OGAC); consequently, they need to conform to certain requirements. The report shall describe progress made during the reporting period and assess overall progress to that date versus agreed upon indicators including the agreement-level outputs achieved, using the agreement-level performance indicators established in the M&E plan. The reports shall also describe the accomplishments of the recipient and the progress made during the past quarter and shall include information on all activities, both ongoing and completed during that quarter. The progress report shall include:

- A comparison of actual accomplishments with the goals and objectives/results established for the period, the findings of the investigator, or both. Whenever appropriate and the output of programs or projects can be readily quantified, such quantitative data should be related to cost data for computation of unit costs.

- Reasons why established goals were not met, if appropriate.

- Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

- Environmental Monitoring activities

- At least one success story which provides information that demonstrates the impact

that the activity has had during the reporting period. Guidance for developing success stories for USAID can be found at the following link: http://www.usaid.gov/results-data/success-stories

The quarterly reports shall highlight any issues or problems that are affecting the delivery or timing of services provided by the recipient. The reports will include financial information on the expense incurred, available funding for the remainder of the activity and any variances from planned expenditures.

vi. **Annual/Semi-Annual Performance Reports (APR & S/APR)**

- Twice yearly, the recipient will be required to prepare and submit performance reports reflecting more detailed data on achievements and targets. PEPFAR/Zambia will provide electronic formats in order to access data needed. Due dates for these reports are on or about May 1st and October 31st. Based on the Monitoring and Evaluation Plan to be developed by the Recipient in collaboration with USAID, the Recipient shall submit an updated report on progress towards agreed targets and indicators six months after each Annual Report. The report should at minimum include the following: a) explanation of quantifiable output of the programs or projects supported; b) reasons why established goals and objectives were not met, if appropriate; c) analysis and explanation of cost overruns or high unit costs; and d) information on all awards made to sub-partners. The Recipient must immediately notify USAID of developments that have a significant impact on award-supported activities. Further, notification must include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.

- The Recipient will maintain a consolidated database that tracks sub-partner performance. Performance data shall be in accordance with the standard set for HIV and AIDS indicators that USAID is required to report on, including PEPFAR requirements. In addition, performance data should meet reasonable standards of validity, reliability, timeliness, precision, and integrity.

vii. PEPFAR Performance Reporting:

This activity will primarily be funded through the annual PEPFAR Country Operational Plan. As such, the recipient must report against agreed upon annual targets on a semi-annual and annual basis. Each reporting period, USAID sets submission deadlines, which are generally 30 days prior to the end of the reporting periods (i.e. March and September).

In addition, the recipient must report annually on program expenditures. Specifically, the recipient must use the form PEPFAR Program Expenditures (DS-4213 OMB 1405-0208) as a part of completing the PEPFAR Annual Progress Report at the end of each USG fiscal year (September 30).

Semi-annual Portfolio Reviews

The Recipient shall brief the USAID/Zambia HIV/AIDS team and members of the Finance, Procurement, and Executive Office teams in person two times each year. The briefing

requires a PowerPoint presentation presenting all semi-annual and cumulative results against previously agreed program targets, selected accomplishments for the previous six months, challenges, and projected procurement actions for the next six months.
The Recipient shall submit information described above (indicators, results, targets, performance narratives, geo-locations, and success stories) to DevResults, the web-based database used by USAID/Zambia. This information shall be submitted within fifteen days of the semi-annual portfolio review presentations.

viii. Final Report:

Recipients shall submit, within 90 calendar days after the date of completion of the award, all financial, performance, and other reports as required by the terms and conditions of the award. However, a draft of the Final Report should be submitted to the AOR no later than the end date of the award. The recipient shall submit an electronic copy of the final performance report to the AOR and the Agreement Officer and one copy, in electronic (preferred) or paper form of final documents to one of the following: (a) via U.S. Postal Service:

Development Experience Clearinghouse (DEC)
Suite 210
8403 Colesville Road
Silver Spring, MD 20910
or (b) online: http://dec.usaid.gov , then click on Submit Reports.
Email: docsubmit@usaid.gov

The final report which includes: an executive summary of the Recipient ' s accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the Recipient' s activities and attainment of results during the life of the Award; an assessment of progress made toward accomplishing results, significance of these activities, important findings , comments, and recommendations. The final/completion report shall also contain an index of all reports and information products produced under this agreement and recommendations regarding unfinished work as well as recommendations on how to meet them and/or program continuation.

ix. Close-out Plan

Six months prior to the completion date of the agreement, the applicant will submit a close-out plan for AOR approval. The close-out plan will include, at a minimum, a property disposition plan, a plan for the phase-out of in-country operations, a delivery schedule for all reports or other deliverables required under the Cooperative Agreement and a timetable for completing all required actions in the close out plan, including the submission date of the final property disposition plan to the Agreement Officer.

4. Environmental Requirement

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's ADS Parts 201.5.10g and 204 (http://www.usaid.gov/policy/ads/200/), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this solicitation.

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

No activity funded under this award will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO).

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

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

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

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

If additional information is needed, a potential applicant may contact USAID/Zambia through oaa-solicit-lusaka@usaid.gov. Agency contact for this RFA is the Mission's Agreement Officer and A& A specialist set forth in Section D**.**

[END OF SECTION G]

SECTION H: OTHER INFORMATION

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. USAID reserves the right to fund or not fund the application submitted.

Applicable Regulations & References:
Mandatory Standard Provisions for U.S. Nongovernmental Recipients:
http://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf

Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients:
http://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf

Standard Provisions for Public International Organizations:
http://www.usaid.gov/sites/default/files/documents/1868/308.pdf

Certifications, Assurances, Other Statements of the Recipient and Solicitation Standard Provisions
http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

2 CFR 700 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
http://www.ecfr.gov/cgibin/retrieveECFR?gp=1&SID=75bc1e1616cd6a11f9464b4b1f677782&ty=HTML&h=L&r=PART&n=pt2.1.700#se2.1.700_11

ADS 303 – Grants and Cooperative Agreements to Non-Governmental Organizations
http://www.usaid.gov/sites/default/files/documents/1868/303.pdf

Attachments accompanying this RFA are as follows:

1. Past Performance Information Data Reference Sheet.
2. Initial Environmental Examination

[END OF SECTION H]

END OF REQUEST FOR APPLICATION