



USAID
FROM THE AMERICAN PEOPLE

Issuance Date: May 28, 2014

Closing Date and Time: June 16, 2014 0700 Local Zambian Time

Subject: Request for Applications (RFA) Number: RFA-611-14-000004 for the Integrated Family Planning and Reproductive Health Project (IFPRH)

The U.S. Agency for International Development Mission in Zambia (USAID/Zambia) is seeking organizational capability statements from qualified local, Zambia-based non-governmental organizations (NGOs), civil society organizations (CSOs), businesses, and educational institutions that seek to increase the Modern Contraceptive Prevalence Rate (MCPR) in all women of reproductive age and improve the quality of family planning services, as described in the Funding Opportunity Description. USAID will conduct a two-step process for this RFA. Phase I will consist of all interested organizations submitting organizational capability statements to USAID. Phase II is an invitation-only process whereby USAID will request Full Applications from Applicants whose organizational capability statements passed the first round review. Organizational capability statements **must** be received by the closing date and time specified above in order to be considered. USAID will not review any late submissions.

Subject to the availability of funds, USAID intends to award one incrementally-funded five (5) year Cooperative Agreement, not to exceed US\$11,000,000. USAID reserves the right to reduce, revise, or increase application budgets in accordance with the needs of the program and the availability of funds. Awards made will be subject to periodic reporting and evaluation requirements and substantial involvement by USAID. Final authority for assistance awards resides with the USAID/Zambia Agreement Officer.

For the purpose of this program, this RFA is being issued and consists of this cover letter and the following:

- I – Funding Opportunity Description
- II – Award Information
- III – Eligibility Information
- IV – Organizational Capability Statement/ Application and Submission Information
- V – Organizational Capability Statement and Application Review Information
- VI – Award and Administration Information
- VII – Agency Contacts
- VIII – Other information

USAID/Zambia will host an informational session for all interested organizations (prospective prime applicants and prospective subpartners) on Wednesday, June 11, 2014 from 1000-1100 at the American Embassy in IBEX Hill. **If you are interested in attending, please send an e-mail message with your passport no. or NRC no. along with your full name to Emily Ng'andu (engandu@usaid.gov) no later than Friday, June 6, 2014.** No organization may send more than two representatives.

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. In addition, final award cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully

completed, the potential applicant is hereby notified of these requirements and conditions for award. The Application is submitted at the risk of the applicant; should circumstances prevent award of a Cooperative Agreement, all preparation and submission costs are at the applicant's expense.

Receipt of this RFA must be confirmed by written notification via e-mail to the USAID/Zambia's Agreement Officer (aangulo@usaid.gov) . It is the responsibility of the recipient of this RFA document to ensure that it has been received in its entirety.

Thank you for your consideration.

Sincerely,

Ms. Ayana Angulo
Agreement Officer

Contents

I.	FUNDING OPPORTUNITY DESCRIPTION.....	1
II.	AWARD INFORMATION.....	12
III.	ELIGIBILITY INFORMATION.....	15
IV.	APPLICATION AND SUBMISSION.....	16
V.	ORGANIZATIONAL CAPABILITY STATEMENT AND FULL APPLICATION REVIEW INFORMATION.....	25
VI.	AWARD ADMINISTRATION INFORMATION.....	30
VII.	AGENCY CONTACTS.....	35
VIII.	OTHER INFORMATION	36
IX.	ATTACHMENTS.....	36

I. FUNDING OPPORTUNITY DESCRIPTION

1. PROGRAM DESCRIPTION

Introduction and Background Zambia has a total fertility rate (TFR) of 6.2, the third highest in sub-Saharan Africa (ZDHS, 2007)ⁱ TFR ranges from 4.3 in urban areas, to 7.5 in rural areas, up to 8.4 among the lowest income quintiles. From 2002 to 2007, Zambia's TFR increased from 5.9 to 6.2, notably in rural areas. No change occurred in urban areas. As part of that trend, the proportion of rural women ages 15 – 19 that gave birth to their first child also increased from 6.6 percent in 2002 to 8.3 percent in 2007.

Zambia's high fertility undermines the country's educational levels, productivity, health status, and economic development (CDCS, USAID). For example, adolescent pregnancy constrains Zambian girls' ability to attend class, limiting their educational potential, and future contribution to economic growth. The lifetime opportunity cost of adolescent pregnancy in Africa ranges from 15 to 30 percent of annual Gross Domestic Product (GDP) - (World Bank, 2011). Lack of access to family planning services also undermines the health status: high-risk pregnancies that can be prevented by family planning (e.g., adolescent pregnancies; postpartum rapid, repeat pregnancies; pregnancies among HIV-positive women; high parity pregnancies [more than four]) are key drivers of the country's high mortality and morbidity, and poor nutrition status.

More than three in four Zambian women either want to delay (space) or stop (limit) childbearing. Their wishes are reflected in the rise of modern contraceptive method use from 22.6 percent in 2002 to 32.7 percent in 2007. Yet family planning services reach only a third of sexually active couples. Lack of family planning access and quality of care are major constraints to increasing family planning use, and are contributing to the TFR increase in rural areas. In Zambia, non-users of family planning have almost no contact with family planning providers. Eighty percent of non-users report that they neither discussed family planning with a fieldworker, nor at a health facility. Only 12, 21, and 39 percent of women saw or heard a family planning message in the newspaper, on television, or radio, respectively. Among the lowest income quintiles, these numbers fall to 1, 1, and 20 percent, respectively.

Rural women in Zambia have one of the highest total fertility rates in sub-Saharan Africa – 7.5. That number raises to 8.4 among the lowest income quintiles. In rural Zambia, few family planning education activities are undertaken and very little information on family planning reaches women and girls of childbearing age. In rural areas, 35 percent of adolescents have begun childbearing. Forty-five percent of rural women are not exposed to media once a week (print, television, or radio) and 47 percent of rural women cannot read at all (58 percent in the lowest wealth quintile). Hence the project's challenge will be to achieve outcomes that reflect strengthened local systems, channels, networks, and platforms that convey information about

family planning methods in a culturally appropriate manner. Traditional societal norms and gender expectations also weigh heavily on the decision to use or not use family planning services. Even if services are available, sociocultural barriers can prevent ultimate use of modern contraceptive methods. Multiple interpersonal channels are needed, addressing sociocultural constraints; fertility awareness; how to access and use family planning methods; family planning's role in the health of the mother, newborn, and child; and its role in supporting the achievement of other life goals.

As in many countries, Zambia's high-risk pregnancies are often linked to inadequate access to family planning and early childhood marriage. Pregnancies are classified as high-risk when they occur: at too young an age (under age 18), too close to the last birth (less than 24 months from the last live birth to the next pregnancy, meaning less than three years between births), at advanced maternal age (above age 34), or at high parity (more than four live births). When pregnancies occur at these times, they are often linked to significant risk of maternal and under-five mortality and morbidity, stillbirth, induced abortion, miscarriage, low birth weight, pre-term birth, and childhood stunting and underweight. Many women, men, adolescents, and policymakers are unaware of these risks and therefore concerted efforts are necessary to address problems, while still enabling families to safely plan for the number of children that they desire. Twenty-eight percent of women ages 15-19, and 37 percent in the lowest income quintile, have begun childbearing. Adolescent childbearing is associated with a 50 percent increased risk of perinatal mortality, and an increased secondary school drop-out rate. Fifty-five percent of non-first births are spaced less than three years apart (ZDHS 2007). Twenty-three percent of currently married women would fall into the multiple risk category of older than age 34 and having more than four live births if they were to conceive a child at the time of the 2007 DHS. This group has an increased risk of pregnancy complications.

HIV infection has emerged as one of the major causes of maternal mortality in resource poor settings. The 2007 ZDHS shows that HIV prevalence is at 32 percent among women 25-29 years old who recently gave birth in urban settings, and 11 percent in rural settings. There is the assumption that with HIV treatment being more widely available HIV-positive women may be renewing their desire for more children. This may be contributing to the rise in the rural TFR.

According to Zambia's Central Statistics Office, over 1,300,000 children in Zambia are classified as especially vulnerable. Around four in ten children under age 18 in households sampled for the ZDHS were not living with their parents. Rural Orphans and Vulnerable Children (OVCs) are half as likely as urban OVCs to have minimum basic needs met. Twenty-one percent of male OVCs have had sexual intercourse before age 15. In many cases, OVC adolescent girls lack appropriate health care and psycho-social services and are prone to abuse, particularly sexual abuse and gender-based violence.

Given inadequate access to family planning information and services, it is unlikely that Zambian women, girls, and their families know how to time and space their pregnancies to occur at the

healthiest times of their lives. Nor do they understand the role that family planning can play in supporting the achievement of other life goals such as fertility, literacy, education, or income generation. Even when the services are available, they may not be adolescent friendly or accessible. Other factors might also play into the decision to use services. It is therefore evident that women, men, adolescent girls and boys, and their families, who never heard a family planning message from a health care provider need to be reached, as do those that might be near services but simply do not take advantage of them for other sociocultural reasons.

The FP2020 National Strategy outlines the priority areas needed to achieve the objectives of increasing Modern Contraceptive Prevalence Rate (MCPR) from 38% (ZDHS 2007) to 58% and reducing teenage pregnancy from 28% (ZDHS 2007) to 18% by 2020. By increasing family planning use, especially among vulnerable populations, this project will improve the health status of the Zambian population and contribute significantly to Country Development Cooperation Strategy (CDCS) Goal 3.2, Health Status Improved.

Purpose The purpose of the *Integrated Family Planning and Reproductive Health Project* (IFPRH activity) is to increase the Modern Contraceptive Prevalence Rate (MCPR) in all women of reproductive age by 2% annually from the second year as compared to the baseline through increased access to and improved quality of family planning services in targeted sites.

The hypothesis is that long-term development in Zambia is dependent on a healthy and productive population. Without significant improvement in health, Zambia cannot achieve its goal of inclusive prosperity by 2030. This activity is premised on the notion that improved family planning service delivery, combined with stronger more accountable institutions, and increased awareness of healthy family planning and reproductive health practices, will improve the health status and quality of life of the Zambian population through planning and determination of family size. USAID anticipates that these strengthened systems and healthy practices will continue after the activity ends, as the work strengthens local structures and networks that can continue to be used by the GRZ.

The IFPRH activity will help the Ministry of Community Development Mother and Child Health (MCDMCH) play a leadership role in developing a strengthened, community-based family planning service delivery system. A key outcome will be the development and implementation of a “Model District-Community Family Planning Service Delivery System,” in 15 districts to be selected jointly with the MCDMCH. It is envisioned that half these districts will form a contiguous cluster in an area to be located in the northern part of the country (Northern, Luapula, Muchinga and Northwestern provinces) and the other half in a contiguous cluster located closer to the central part of Zambia (Central and Copperbelt provinces) where USAID is funding other health activities. USAID defines such a system as one that encompasses the key components and systems needed, at the community level, to respond effectively to the family planning needs of the population. These systems could include : service providers, expanded method mix, client-centered care, client feedback, outreach to vulnerable populations,

contraceptive commodities and supplies, supervision, mentoring, behavior change communication, public-private partnerships, innovation and learning, high impact family planning practices, and data collection and analysis.

Main Components of the Activity

Result 1: Family Planning Service Delivery Improved

Overview This project will improve family planning service delivery by achieving the outcomes of increased access to and quality of family planning services at the district and community levels. USAID expects that at the end of this five year period, outcome indicators will have improved by at least 50% over the baseline figures for the activities.

Linkages with projects and organizations that are strengthening long-acting reversible contraception (LARC) provider skills will be extremely important to ensure that trained LARC providers are available, as appropriate, at health centers and health posts. This activity will help families understand that long-acting methods are highly effective (having low failure rates) for pregnancy delay, timing, and spacing, and place less of a burden on the couple. IFPRH will also focus on improving the knowledge and skills of community-based providers, including community-based providers of depo-provera, and increase provider and client knowledge about all contraceptive methods, including emergency contraception. In addition IFPRH will focus on integration of health services and offering a “one stop shop” for all health services which include maternal newborn and child health and HIV services.

In Zambia, more than half of births (52 percent) occur at home, yet relatively high percentages of postpartum women access immunization services for their children. Few women, however, leave the immunization site with a family planning method. Not only do pregnancies occurring in the postpartum period hold the greatest risk for mother and baby, the first twelve months after childbirth also present the most opportunities for increased contact with the health system. Therefore IFPRH will focus on further integrating family planning services with newborn and child health activities.

IFPRH will also seek to provide linkages to comprehensive, accurate, and developmentally appropriate reproductive health information and services for both in- and out-of-school adolescent youth, and link them to youth friendly services and providers.

IFPRH is expected to achieve the following outcomes in the target districts.

Expected Outcomes to Improve Access to Family Planning Services¹

- Family Planning access points increased. * ²

¹ USAID expects that at the end of this five year period, outcome indicators will have improved by at least 50% over the baseline figures for each of the indicators.

² An asterisk in this document denotes Government of Zambia FP2020 National Strategic Plan priority.

- Sites providing access to long-acting reversible contraception (LARC) increased. *
- Community Based Distributors (CBD) working at non-health sites by providing information and links to family planning services through multi-sectoral, local organizations and networks (e.g., women's credit, income generation, agricultural, literacy organizations) increased.
- Access to Information on natural FP Methods (Lactational Amenorrhea Method (LAM) increased.
- Community-based providers, including Community Health Assistants, having the capacity to give the first injection of Depo-Provera increased starting from the time when a policy is in place
- "Depot holders" in the community increased. (Depot holders are community members who are willing to maintain stocks of condoms and pills in their homes for community members).

Expected Outcomes to Improve the Quality of Family Planning Services

- Sites integrating family planning with other health services* increased (i.e. number of sites integrating with immunization and/or HIV services).
- Postpartum family planning counselling with men and their women partners who deliver at home increased.
- School and vocational school programs providing age-appropriate sexual education and access to modern contraception methods (where appropriate) increased.
- Organizations working with out-of-school youth* and providing age-appropriate sexual education linked to access to modern contraceptive methods increased (e.g., youth livelihood, sports, religious organizations).

Result 2: Family Planning Service Delivery Systems and Accountability Strengthened

Zambia has an extensive district-based public health infrastructure that includes 1060 rural health centers, and 275 health posts. This result focuses on strengthening family planning service delivery systems at these facilities and at the community level, including community-based distribution of contraceptives.

At the end of five years, local civil society organizations' capacity for family planning behavior change communication and service delivery will be strengthened.

The IFPRH project will identify gaps in the provision of efficient FP services at the central MCDMCH, provincial and district levels and provide technical assistance, as necessary, to reach target populations. With a serious shortage of trained health workers, the public sector is only able to employ approximately 40 percent of the health workers required to staff its facilities.

Strengthening the Ministry's capacity to work in partnership with local stakeholder organizations may augment the capability to implement effective family planning service delivery, with the focus being on expanding activities to reach rural populations with community-based services or bringing rural populations to facilities. The MCDMCH, through its district welfare officers, is interested in exploring innovative ways of improving community involvement in health with activities such as income generation or through non-monetary incentives. It is also interested in establishing a Model District-Community Family Planning Service Delivery System to test ways by which districts might be able to better liaise with the community in matters relating to FP and RH. Technical assistance would be given to identify appropriate means to expand FP outreach services, foster integration and mutual accountability schemes between the health services and the community, and increment community involvement in issues related to FP and RH. Behavior change communication messaging and related activities are considered essential parts of this assistance and should be done in conjunction with the USAID's new Social and Behavioral Change Communication (SBCC) project. It is anticipated that HCSP the USAID's flagship SBCC project will take a leadership role in developing SBCC strategies and materials for HIV/AIDS, MCH, FP, Nutrition, and Family planning that will be utilized by USAID partners for relevant communication components of the project's activities. HCSP will share the strategies and templates for SBCC materials they develop with USAID and GRZ implementing partners for reproduction and use in their programming. Partners may modify the materials to better reach their target audiences prior to reproduction in consultation with HCSP and GRZ.

Expected Outcomes Reflecting Strengthened MCDMCH Management of Family Planning/ Reproductive Health Service Delivery Systems

- Ministry of Community Development, Mother and Child Health family planning management capacity strengthened e.g. planning, outsourcing, outreach, advocacy and monitoring capacity increased.
- Approaches to test incentive and income generation schemes through the involvement of the district welfare officers to strengthen retention and reduce dropout rates among community-based workers and volunteers increased.
- “Model District-Community Family Planning Service Delivery System” to serve as a source of learning for other districts and communities established, particularly for reaching youth/adolescents.

Expected Outcomes to Strengthen Accountability for Family Planning Service Delivery

- Community health committees that carry out plans to monitor the contraceptive commodity supply chain from the District Health Office to rural health centers and posts and report no stock-outs of RH/FP commodities increased.

- Community health committees with plans for monitoring facility maintenance and cleanliness increased.
- Rural health posts and centers receiving client feedback regularly increased.

Result 3: Use of Healthy Family Planning and Reproductive Health Practices Increased

Result 3 will be achieved by increasing awareness and knowledge of healthy family planning behaviors and improved care for and resilience of vulnerable populations. IFPRH will also increase awareness of male involvement in accessing health care. Close collaboration is expected with USAID's new Social and Behavioral Change Communication (SBCC) project in order to access pertinent age-appropriate educational and promotional material and methodologies. Through improved knowledge about these issues, and addressing sociocultural barriers, the project will advance the understanding and use of healthy behaviors, increase demand for family planning services, help prevent high-risk pregnancies, and improve health outcomes. Interventions are expected to be culturally sensitive, take into account community and individual mores and practices, build on positive behaviors and incentivize positive practices related to gender, reproductive health and family planning. Taking into account the US and Zambian government planning guidelines and state-of-the-art interventions related to natural and modern family planning methods, IFPRH will work closely with service providers and the community to plan and implement specific interventions. As in all project interventions, special consideration will be placed on addressing gender issues as they relate to multiple aspects of reproductive health including to decisions related to the adoption of family planning, the use of different family planning methods, or preferences as to the number and sex of offspring.

IFPRH will seek creative and underused communication opportunities to build partnerships through engagement of religious groups and leaders, journalists, parliamentarians, traditional village leaders, agribusinesses and other large-scale networks and platforms. USAID expects that at the end of this five year period, outcome indicators will have improved by at least 50% over the baseline figures for the activities.

IFPRH will place an emphasis on vulnerable populations, particularly those at greatest risk of having undesired pregnancies or those having highest risk pregnancies. Among these vulnerable populations are adolescent girls, orphans and vulnerable children and those whose financial and educational situation makes them increasingly subject to gender-based violence, transactional sex, and abuse.

Expected Outcomes Related to Increased Awareness, Knowledge, and Adoption of Healthy Behaviors

Community Awareness Outcomes:

- Health and non-health NGOs serving as sites for conveying evidence-based messages about healthy timing and spacing of pregnancy increased.
- District/community-level reproductive health and family planning champions, including religious leaders, traditional healers, chiefs, journalists, district health team leaders and other traditional and political leaders increased.
- Community activities to educate families on healthy timing and spacing of pregnancy increased.

Expected Behavior Outcomes:

- Married/unmarried adolescents using family planning services increased.
- Postpartum women accepting a Family Planning method during immunization increased.
- Postpartum women who accept Family Planning method prior to discharge at facility increased.
- Male involvement in family planning increased.

Expected Knowledge Outcomes:

- Knowledge about benefits of family planning increased.
- Knowledge about family planning methods available at the health facilities increased.
- Adolescents accessing sexual reproductive health messaging, counselling and services increased.

Expected Outcomes Related to Improving the Care for and Resilience of Orphans and Vulnerable Populations

- Age-appropriate sexual and reproductive health information and services increased.
- Positive youth development/skill building activities linked to sexual education/information about accessing reproductive health and family planning service for OVCs increased.
- Youth friendly corners offering sexual reproductive health information and services increased.
- Youth mentored and interning within health care and NGO setting to build a cadre of future public health leaders (linking to other USAID funded Women at Work projects that promote opportunities for youth leadership and advancement)

Collaboration with MCDMCH and other partners

Collaboration with other USAID activities will be critically important to achieve IFPRH project results. Although an important goal of the IFPRH project is to establish a “Model District-Community Family Planning System,” it will not be possible for the IFPRH project, by itself, to implement all activities needed to establish a fully functioning, effective, district-community family planning system. As just one example, mobile outreach with dedicated LARC providers, a Family Planning High Impact Practice, is being implemented by the USAID social marketing project. IFPRH will need to both ensure that mobile outreach is available to its 15 districts through collaboration with the relevant implementing partners, and in addition the capacity of the MCDMCH is built in conducting technical support and mentorship activities to ensure quality provision of services.

Collaborating partners will include health system strengthening, supply chain, social marketing, behavior change communication, and democracy and governance projects working in the same or adjacent districts. The new Democracy and Governance (D&G) project will support activities to increase citizen demand for accountable and transparent service delivery, including family planning, in the health sector. Similarly the IFPRH project will be implementing activities to strengthen systems and accountability. Therefore the IFPRH will work in collaboration with the D&G project based in the same districts by complementing services and leveraging resources for implementation of the various activities.

2. ENVIRONMENTAL COMPLIANCE

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID’s activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID’s Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://inside.usaid.gov/ADS/200/204.pdf>), 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 RFA.

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 Cooperative Agreement 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). (Hereinafter, such documents are described as “approved Regulation 216 environmental documentation.”)

An Initial Environmental Examination (IEE) [Integrated Health (IH) Portfolio (611-007)] has been approved for the project funding this cooperative agreement. The IEE covers activities expected to be implemented under this Cooperative Agreement]. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this solicitation.

Because the approved Regulation 216 documentation is an IEE that contains one or more Negative Determinations with conditions, the recipient shall:

- a) Prepare an environmental mitigation and monitoring plan (EMMP) describing how the recipient will, in specific terms, implement all IEE conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.
- b) Integrate a completed EMMP into the initial work plan.
- c) Integrate an EMMP into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

3. RESPONSIBILITY FOR PERFORMANCE

a) Recipient

The Recipient of this award is responsible for devising, implementing, and continually refining a technical approach for achieving the overall outcomes and objectives specified in the Program Description. The Recipient will articulate its major activities, targets, and deliverables in annual work plans to be discussed with and approved by the AOR. Finally, the Recipient will be responsible for documenting and sharing the results and learning that is expected to come from this activity.

b) USAID

The AOR, based in USAID/Zambia, will be the primary day-to-day liaison between USAID and the recipient of this award. The AOR’s primary responsibilities are to ensure compliance with the terms and conditions, to maintain contact (including site visits and liaison) with the Recipient, and to be substantively involved in administration of the cooperative agreement, as described below.

4. AUTHORIZING LEGISLATION

The authority for this RFA is found in the Foreign Assistance Act of 1961, as amended, and the resulting award(s) will be administered in accordance with OMB Circulars, USAID's ADS Chapter 303, "Grants and Cooperative Agreements with Non-Governmental Organizations" as applicable, and the Standard Provisions for Non-US Non-governmental Organizations.

It is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to this program and are in accordance with applicable cost standards (OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for commercial organizations), may be paid under the cooperative agreement.

5. REFERENCES APPLICABLE

Regulations & References

- Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients: <http://www.usaid.gov/policy/ads/300/303mab.pdf>
- OMB Circular A-122
[http://www.whitehouse.gov/omb/circulars/a 122/a122.html](http://www.whitehouse.gov/omb/circulars/a%20122/a122.html)
- OMB Circular A-110
[http://www.whitehouse.gov/omb/circulars/a 110/a110.html](http://www.whitehouse.gov/omb/circulars/a%20110/a110.html)
- Automated Directives System 303 Grants and Cooperative Agreements to Non-Governmental Organizations
<http://inside.usaid.gov/ADS/300/303.pdf>

[END OF SECTION I]

II. AWARD INFORMATION

A. Estimated Funding

USAID expects to award one (1) Cooperative Agreement based on this RFA. The anticipated total federal funding amount is \$11,000,000 for the Integrated Family Planning and Reproductive Health in Zambia.

The Government may issue an award resulting from this RFA to the responsible applicant if the application conforming to this RFA is responsive to the objectives set forth in this document. The Government may (a) reject the application, and (b) waive informalities and minor irregularities in applications received.

The Government reserves the right to make an award on the basis of initial applications received, without discussions or negotiations. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint. The Government reserves the right (but is not under obligation to do so), however, to enter into discussions with the applicant in order to obtain clarifications, additional detail, or to suggest refinements in the program description, budget, or other aspects of an application.

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 award may be incurred before receipt of either a fully executed cooperative agreement or a specific, written authorization from the Agreement Officer.

B. Performance Period

The anticipated program start date is **December 2014 for a five year period.**

C. Award Type

USAID anticipates the award will be a **Cooperative Agreement**. The intended purpose of Agreement Officer Representative (AOR) involvement during the award is to assist the recipient in achieving the supported objectives.

Substantial Involvement under the award is expected to be as follows:

1. Approval of the recipient's implementation plans. If at the time of award, the program description does not establish a timeline in sufficient detail for the planned achievement of milestones or outputs, USAID may delay approval of the recipient's implementation plan for a later date. USAID will not require approval of implementation plans more often than annually. If the AO has delegated authority to the AOR to approve implementation plans, the AOR should review the agreement's terms and conditions to ensure that he or she does not inadvertently approve a change to them.
2. Review and approval of the selection of key personnel for three positions. The

Chief of Party, Technical Services Director, and Finance and Administration Director positions are key personnel positions.

Key Personnel Minimum Qualifications

a. The Chief of Party (COP) will head the project team and make regular reports to the USAID Agreement Officer's Representative (AOR). The Chief of Party will be responsible for the overall management and implementation of the project. S/he will supervise project implementation and ensure that the project meets its planned results. The Chief of Party will represent and coordinate with all cooperating organizations and be the point of contact for all purposes of this project.

The COP must have an advanced degree (Masters or PhD) in Public Health or a relevant field from an accredited university. S/he must have at least 7 years of project management experience of public health projects. S/he must have at least 5 years in a senior level management position. S/he should have demonstrated capacity to build and maintain productive working relationships with a wide network of partners and stakeholders; broad technical understanding of public health, particularly maternal and child health, family planning and reproductive health programming. S/he will have proven leadership and management skills to effectively achieve the project results described in the Program Description. S/he should have demonstrated exemplary diplomatic and interpersonal skills to manage a diverse team. The ideal candidate will have a demonstrated track record of his/her ability to foster collaboration with the Government of Zambia and other donor funded projects. Experience and skills in financial management and performance monitoring are essential. The Chief of Party must be Zambian, fluent in English and must possess excellent oral and written communication skills.

b. The Technical Services Director is a long-term position responsible for providing technical oversight to the district technical officers. This includes providing overall technical guidance for planning and implementation of the program activities. S/he also provides technical guidance to the Chief of Party and other technical staff in the 3 provinces.

The Technical Services Director must be a clinician (Medical Doctor, Nurse, Clinical officer) with a Master's Degree in public health or other relevant clinical discipline (e.g. Obstetrics and Gynecology). S/he must have at least 5 years of project management experience preferably managing maternal and child health, family planning and reproductive health programs. The ideal candidate must have at least 5 years working in a senior technical position for a public health and/ or international development project.

c. The Finance Director is a long term position responsible for overseeing the finance and administration functions of the project and ensures compliance with project and USAID procedures. S/he will work closely with the COP and the Technical Services Director and other district staffs to ensure project resources

are effectively and efficiently budgeted and managed.

The financial Director should have a Bachelor's Degree in business or accounting along with ACCA or ZICA professional membership. A Master's Degree would be an added advantage. S/he should have at least 8 years professional experience managing financial and contractual aspects of development projects.

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

D. Authorized Geographic Code

The Authorized Geographic Code is 935 for the procurement of goods and services.

E. Branding Strategy And Marking Plan

The Apparently Successful Applicant will be required to submit a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer in coordination with the Development Outreach Communication Officer and the AOR. The Branding Implementation Strategy and Marking Plan shall be in accordance with USAID Branding and Marking plan as required per ADS 320. Refer to ADS 320, (<http://www.usaid.gov/policy/ads/300/>) specifically 320.3.3.3 for more information.

F. Graphic Standards

The Recipient shall comply with the requirements of the USAID "Graphic Standards Manual" available at <http://www.usaid.gov/branding>, or any successor branding policy. Pending formal Mission guidance, activity with a government entity will be branded, as appropriate, for the program's stabilization goals (USAID Graphic Standards Manual 4.10).

[END OF SECTION II]

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

An Applicant must be a Local Civil Society Organization (CSO), Non-Governmental Organization (NGO), business, or educational institution that is:

- 1) Organized under Zambian laws,
- 2) Has the principal place of business in Zambia,
- 3) Is majority owned (in the case of businesses) or controlled (in the case of NGO or CSO Boards) by citizens or lawful permanent residents of Zambia, and
- 4) Is not majority controlled by foreign entities or individuals.

The term “controlled by”, in 4 above, means a majority ownership or beneficiary interest as defined at (3) above, or the power, with directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization’s managers or a majority of the organization’s governing body by any means, e.g., ownership, contract operation of law.

USAID encourages applications from organizations with no prior experience working with USAID.

2. Cost Sharing or Matching

Recipients will not be responsible for cost share.

[END OF SECTION III]

IV. APPLICATION AND SUBMISSION

1. Point of Contact

Ayana Angulo

Agreement Officer
Embassy of the United States of America
Subdivision 694/Stand 100 Ibex Hill Road
P.O. Box 32481
Lusaka, Zambia
Email: aangulo@usaid.gov
Tel.: 260-211-357000

Cecilia Kasoma

Acquisition & Assistance Specialist
Embassy of the United States of America
Subdivision 694/Stand 100 Ibex Hill Road
P.O. Box 32481
Lusaka, Zambia
Email: ckasoma@usaid.gov
Tel.: 260-211-357000

Any questions concerning this RFA must be submitted in writing to Ayana Angulo with a copy to Cecilia Kasoma.

2. Content and Form of Application Submission

ELECTRONIC SUBMISSION OF APPLICATIONS VIA E-MAIL IS REQUIRED.

1. PHASE I - CONTENT AND FORM OF CONCEPT PAPER SUBMISSION

This is a two-step application process. **The first phase consists of organizational capability statements from prospective Applicants.** The second phase is through an invitation process to submit Full Applications from a select pool of Applicants.

a. Organizational Capability Statement Format

All organizational capability statements must comply with the following requirements to be considered by USAID:

- i. Text must be in a recent Windows-compatible version of MS Word (version 2000 or later)
- ii. Font - Times New Roman or Arial and 12-point
- iii. No less than 0.75" margins (left, right, top, and bottom).
- iv. Three pages maximum not including Cover Page
- v. Cover Page - a single page with the program title and RFA number, the names of

the organizations/institutions involved, and the lead or primary Applicant clearly identified. In addition, the Cover Page should provide a contact person for the Applicant, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address, telephone and fax numbers and e-mail address. State whether the contact person is the person with authority to contract for the Applicant, and if not, that person should also be listed with contact information.

b. Content and Form of Application Submission

All organizational capability statements are required to include a detailed description of the lead or primary applicant's as well as the proposed consortium members' or subpartners' ability and experience in the development of effective partnerships with governmental entities, donors, organizational sub-partners, and other stakeholders to facilitate the design and implementation of effective Family Planning and Reproductive Health (FP/RH) interventions. Applicants should detail their institutional experience in designing, managing, implementing, and evaluating FP/RH programs of similar size, scale, duration, nature, and complexity [of the program described in the program description] to improve health outcomes with measurable impact, and sustained service utilization. Should applicants choose to form partnerships for the submission of an application, individual institutional capacities shall be detailed, and a further description must demonstrate how the partners would build upon their individual capabilities and experiences to achieve the project goals.

c. Notification of Concept Paper Status and Request to Submit Full Application

The USAID/Zambia Agreement Officer will notify applicants whose submissions indicate the proposed organization(s) have the technical capacity to implement family planning/reproductive health activities as described in the program description. The USAID/Zambia Agreement Officer or Acquisition & Assistance Specialist will issue an invitation to submit a full application. *Only those applicants receiving an invitation by the Agreement Officer or Acquisition & Assistance Specialist should follow the application instructions below.*

2. PHASE II- CONTENT AND FORM OF FULL TECHNICAL APPLICATION SUBMISSION

a. Full Application Format

- i. All full applications must comply with the following requirements to be considered by USAID:
- ii. Font - Times New Roman or Arial and 12-point
- iii. No less than 0.75" margins (left, right, top, and bottom).
- iv. A4 or Letter Size (not legal size)
- v. Cover Page

- vi. Document must be in a recent Windows-compatible version of MS Word (version 2000 or later)

b. Full Application Content

The technical application must contain the following sections:

- i. Table of Contents listing all page numbers and attachments
- ii. List of Acronyms used throughout the application
- iii. Technical Approach describing the program's technical approach and expected accomplishments during the period of the proposed Cooperative Agreement.
- iv. Organizational Technical Capacity

The technical application may not exceed 15 pages in length, excluding the annexes, table of contents, and list of acronyms, and cover page. Any pages in excess of 15 pages will not be evaluated by USAID.

Cover Page: A single page with the program title and RFA number, the names of the organizations/institutions involved, and the lead or primary Applicant clearly identified. Any proposed sub-grantees (or implementing partners) should be listed separately. In addition, the Cover Page should provide a contact person for the prime Applicant, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address, telephone and fax numbers and e-mail address. State whether the contact person is the person with authority to contract for the Applicant, and if not, that person should also be listed with contact information.

Proposed Technical Approach: The Technical Application Body will contain the main parts of the technical application and shall include the following sections:

- Capacity Building: Description of how the program of technical assistance will strengthen District and Community Health Teams to achieve the intended outcomes. The proposed technical approach must be logical and demonstrate how the applicant would implement this activity in order to achieve the goals and objectives as described in the Program Description. Applicants should describe how they propose to work closely with, and provide technical assistance to the different levels of the MCDMCH to achieve the outcome of improved access and quality of family planning services. Applicants must describe how their proposed program will build the capacity of the MCDMCH, the provincial and district offices, and health facilities to continue managing and sustaining the programs after the project comes to a close. The application should articulate a high quality evidence-based approach to RH/FP interventions addressing ways to improve country ownership and increase community involvement.
- Collaboration with Stakeholders: An approach to working in full partnership with the MCDMCH and the Ministry of Health (MOH), and in the targeted provinces and districts to improve FP/RH service delivery and health outcomes. The proposal should outline linkages to other U.S. government, public or private stakeholders that may work at different levels of the health system in FP/RH or related activities, particularly adolescents.
- Performance Monitoring and Evaluation Approach: The approach should include a

detailed monitoring and evaluation plan demonstrating that the proposed approach is results-focused and attributes its activities to impact. The approach should include details of how the applicant proposes to identify and track indicators related to the activities undertaken.

- **Gender Considerations:** The applicant shall describe how the program will take into account gender related issues. It shall identify gender related barriers to access and quality of services and how they will be addressed in their programming.

Annexes:

Annexes are not part of the 15 page limit. The annex order is:

i. Annex I: Work Plan (Six page maximum, including narrative and milestone chart)

Applicants must submit a preliminary detailed work plan for the five year period including a narrative as an annex to the application. The first year of the implementation plan should be as detailed as possible. This preliminary work plan will include, but not be limited to, a timeline with major milestones for carrying out the various activities proposed under this project. The work plan should be linked to the proposed technical approach as outlined in the narrative, be logical, and demonstrate how the applicant would implement this activity in order to achieve the goals and objectives as described in the Program Description. The technical approach should demonstrate how the project will work within the Zambian context, and the programmatic, social and contextual issues, inclusive of gender, that surround repositioning FP/RH programming.

ii. Annex II: Management and Staffing

Management and Staffing Plan (Five page maximum): The applicant shall submit a Management Plan with an explicit description of the distinctive roles and responsibilities of the prime partner and sub-partners (as may be applicable) and how each partner will contribute to achieving impact and outcome priorities. The plan should include an overview of how activities will be managed and coordinated between the prime partner and sub-partners.

The applicant shall submit a staffing plan (that includes an organogram with projected positions (key and non-key) and reporting relationships. The plan must discuss the division of responsibilities between in-country project staff, home office support (if international organizations are chosen as sub-partners), and all proposed sub-partners. The proposed staffing plan should demonstrate clearly how the staff will support the proposed technical approach to achieve results.

Applicants are encouraged to have a decentralized structure which might include one or more provincial offices, as appropriate. Should this be the applicant's approach, the plan must include a proposal to co-locate with other partners who would be assigned to that particular area, where possible.

Key Personnel: USAID requests applicants to identify key personnel and any other staff the applicant deems critical to the project with the relevant knowledge, skills, and abilities in

implementing FP/RH programs to deliver the services as outlined in the Program Description. The applicants shall identify qualified key personnel, as outlined in the Award Information Substantial Involvement section. Letters of commitment and curricula vitae of all key personnel shall be included in the annex. The qualifications, skills, and experience of proposed key personnel should meet or exceed the requirements. Curricula vitae should also be submitted for other proposed project staff members considered critical to the success of the project. **The page limit for each proposed staff member's CV is three pages.**

iii. Annex III: Organizational Technical Capacity (Three page maximum)

The applicant shall provide a detailed description of its ability and experience in the development of effective partnerships with governmental entities, donors, organizational sub-partners, and other stakeholders to facilitate the design and implementation of effective RH/FP interventions. The applicant should detail its institutional experience in designing, managing, implementing, and evaluating programs of similar size, scale, duration, nature, and complexity to achieve measurable impact, and sustained service utilization. The applicant should have a background in capacity building and strengthening of government agencies, particularly at the local level. If the applicant does not have all these experiences individually and is acting as a partnership of different institutions it should build a case to prove that, jointly, they have the capability of managing an award of a similar size, scope and objectives.

iv. Annex IV: Past Performance

Past performance is defined as relevant information regarding applicants' actions under a previous award. Applicants shall provide detailed past performance information using the PPI Data Sheet included in the RFA for the ten most relevant current or previous awards performed within the last three years that are similar in size, scope, and objectives to what is described in the Program Description. Past performance information must be submitted for all proposed sub-partners. Each Applicant should submit no more than 10 past performance information data sheets for the entire prime/sub-partner team. Applicants shall not provide assessments of their performance on any referenced award.

Relevant experience is defined as experience in one or more of the following technical areas: clinical (long-acting, reversible methods) and community-based family planning; community-based provision of Depo-Provera; postpartum family planning; adolescent-friendly family planning services and/or age-appropriate reproductive health and life skills education; family planning mobile outreach; social marketing; public and private sector capacity building; behavior change communication; and interpersonal communication in Zambia or sub-Saharan Africa with a total budget of \$5 million or above. The combined experience of partners and subpartners will be counted as relevant. Relevant past performance of the prime partner and any subpartners will be taken into consideration.

(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.)

v. Annex IV: Letters of Commitment (No page limit)

Applicants should include copies of any letters of commitment from proposed partners, GRZ entities, and/or other stakeholders. The submitted letters should indicate an intention to pool resources and/or collaborate on the applicant's proposed initiatives. The proposed partnerships should reflect the technical approach described in the application.

- **Annex V: Branding Implementation and Marking Plans – This is only required for the apparently successful applicant.** A Branding Implementation Strategy 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.

3. PHASE II- COST APPLICATION FORMAT

Submit the Cost Application via a separate email from the technical application. This is due to the strict page limitations for 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 subpartner has such an agreement with the US Government;
- A detailed/itemized budget in MS Excel with all formulas included. Applicants must include each line item listed below and include additional line items as applicable to your technical application:
 - Total Direct Labor
 - Salary and Wages
 - Fringe Benefits
 - Consultants
 - Travel, Transportation, and Per Diem
 - Equipment
 - Supplies
 - Branding and Marking Activities
 - Monitoring and Evaluation Activities
 - Sub-contracts
 - Sub-awards

- o Participant Training
- o Other Direct 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 contractor to its employees as compensation in addition to regular wages and salaries are allowable. A detailed cost breakdown by benefit types should be provided.

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 contractor 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 OMB circulars 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 and Supplies: Supplies includes all property except land or interest in land. Costs should be broken down by types and units.

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.

Monitoring and Evaluation Costs: Per ADS 203.3.5, include costs of data collection, analysis, and reporting as a separate line item to ensure that adequate resources are available.

Subcontracts: Includes any contract entered into by a subcontractor to furnish supplies or services for performance of a prime award. Cost element breakdowns should include the same budget items as the prime as applicable. All vehicles need to be purchased by the prime recipient.

Sub-awards: Sub-award means an award of financial assistance to carry out the purposes of the program in the form of money, or property in lieu of money, made under an award by a recipient to an eligible sub-recipient or by a sub-recipient to a lower tier sub-recipient. The term includes financial assistance when provided by any legal agreement, even if the agreement is called a contract. A sub-award does not include a procurement contract for commodities or services. Include estimated costs of sub-awards in the detailed budget. Cost element breakdowns should include the same budget items as the prime as applicable. All vehicles need to be purchased by the prime recipient.

Participant Training: AIDAR 752.7019 and ADS 253 provides for participant training and

training in development. Costs should be broken down by types and participants.

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

4. ADDITIONAL INFORMATION

USAID/Zambia's Agreement Officer will request the following information from the Apparently Successful Applicant:

- 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>).

5. SUBMISSION INSTRUCTIONS, DATES AND TIMES

Organizational Capability Statements are due to USAID by June 13, 12:00 p.m. Zambia time.

Full Application due dates are To Be Determined and selected Applicants will be informed at the time an invitation is sent.

ORGANIZATIONAL CAPABILITY STATEMENTS MUST BE SUBMITTED ELECTRONICALLY VIA E-MAIL TO aaa-solicit-lusaka@usaid.gov by the date and time indicated on the cover letter. *No hand delivered applications will be accepted or reviewed.* NO EXCEPTIONS. The applicant is responsible for ensuring that the complete application is received by the deadline. The time of receipt for electronic submission will be based on the automatic electronic delivery time stamp from the usaid.gov e-mail server. **Please do not send files in ZIP format.** Following are the procedures for submission of applications by e-mail:

1. Before sending your documents to USAID as e-mail attachments, convert them into Microsoft Word and Excel. Signature pages must be converted to Adobe PDF format.
2. Once sent, check your own e-mails to confirm that your attachments were indeed sent. If you discover an error in your transmission, re-send the material again and **note in the subject line of the email that it is a "corrected" Submission.** Do not send the same e-mail more than once unless there has been a change, and if so, note that it is a corrected e-mail. Do not wait for USAID to advise you that certain documents intended to be sent were not sent, or that certain documents contained errors in formatting, missing sections, etc. The applicant is responsible for its submission.
3. To avoid confusion, duplication, and congestion problems with our e-mail system, only one authorized person from your organization should send the e-mail submission.

Other Submission Requirements

- Proprietary Information – Applicants which include data that they do not want disclosed

to the public for any purpose or used by the U.S. Government except for evaluation purposes, should:

1. 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 cooperative agreement 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 agreement. 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 pages ____; and"

2. Mark each sheet of data it wishes 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."

- Explanation to Prospective Applicants – Any prospective applicant desiring an explanation or interpretation of this RFA may request it via email. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding.
- Telegraphic or Faxed Applications – Telegraphic or faxed applications will not be considered; however, applications may be modified by written or telegraphic notice, if that notice is received by the time specified for receipt of applications.
- Language – All applications must be in English.

PRE-AWARD EXPENSES

Pre-award expenses are not authorized. USAID will not reimburse applicants for pre-award expenses incurred.

[END OF SECTION IV]

V. ORGANIZATIONAL CAPABILITY STATEMENT AND FULL APPLICATION REVIEW INFORMATION

The evaluation will occur in two stages and requires two different methodologies.

PHASE I – ORGANIZATIONAL CAPABILITY STATEMENT

The 1st methodology involves a yes/ no rating system for organizational capability. Applications that demonstrate the applicant have the technical capacity and relevant experience implementing family planning and/or reproductive health activities will receive ‘Yes’. Applications that fail to show the technical capacity and fail to detail relevant experience implementing family planning and/or reproductive health activities will receive ‘No.’

The applicants’ organizational capability statements will be evaluated based on the following criterion:

The applicant, whether acting as one institution or as a partnership of different institutions, should demonstrate substantial institutional experience in designing, managing, implementing, and evaluating FP/RH programs of similar size, scale, duration, nature, and complexity with the capacity to achieve measurable impact and sustained service utilization and delivery. The applicant demonstrates an extensive background in capacity building and strengthening of government organizations, particularly at the local level, working in RH/FP.

Only those applications receiving ‘Yes’ will be invited to submit full applications.

PHASE II – FULL APPLICATION REVIEW

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 and (b) set the standard against which all applications will be evaluated.

A. TECHNICAL EVALUATION CRITERIA

Order of Importance

The Technical Approach (Factor 1) and Management and Staffing (Factor 2) are equally important. Organizational Capacity and Past Performance (Factors 3 and 4) are equally important. When determining the overall summary rating for an application, USAID/Zambia will consider technical approach, management and staffing, and the combination of organizational capacity and past performance ratings to be of equal value. Within the Technical Approach (Factor 1), the Feasibility and Scalability and Capacity Building are equally important and are followed in decreasing importance by collaboration with stakeholders, Performance Monitoring and Evaluation Approach, and Gender considerations. Within management and staffing (Factor 2) each sub-factor is of equal importance. Within past performance, all factors are of equal importance.

Paramount consideration will be given to the evaluation of the technical approach rather than cost/price.

FACTOR 1: TECHNICAL APPROACH

Sub-factor 1.1: Feasibility (Work Plan)

The application will be evaluated on the extent to which the proposed work plan demonstrates feasibility in accomplishing all proposed activities within the given time frame. The work plan should be evidence-based and realistic given the proposed human and other resources and should follow a proven model for planning and implementation that includes adequate time and activities to fully carry out the proposed program description.

Sub-factor 1. 2: Capacity building

The application will be evaluated on the extent to which the applicant articulates effective approaches to capacity building and strengthening the different levels of the MCDMCH in managing family planning and reproductive health interventions and sustaining project activities after the close-out of the project.

Sub-factor 1.3: Collaboration with Stakeholders

The application will be evaluated on the extent to which the approaches on collaboration with the different stakeholders identified will lead to effective improvement of FP/RH service delivery and health outcomes. The approach should reflect a comprehensive understanding of the need to engage all major stakeholders in a substantive manner, in order to ensure GRZ and local leadership in FP/RH interventions. The application should articulate how the applicant will collaborate with different stakeholders in the design, implementation, scale-up and consolidation of family planning interventions. Opportunities to integrate FP/RH activities within existing high-volume HIV service delivery sites should be emphasized.

Sub-factor 1. 4: Performance Monitoring and Evaluation Approach

The extent to which the application clearly articulates how the monitoring and evaluation plan directly corresponds to the stated goals and objectives outlined in the technical approach, ensures that the activity is results focused, and measures achievement throughout the project lifecycle for all components.

Sub-factor 1.5: Gender consideration

The application will be evaluated on the extent to which gender is taken into account in the implementation of project activities and the effectiveness of the approaches to overcoming gender-related barriers.

FACTOR 2 – MANAGEMENT AND STAFFING

Sub-factor 2.1 – Management and Staffing Plan

The extent to which the application outlines a Management Plan, which is logically organized, realistic and responds to the technical requirements of the program. The approach should demonstrate a rational, efficient use of resources and provide for a structure that will facilitate successful achievement of the desired programmatic results. The overall Staffing Plan should be logically organized, realistic and respond to the technical requirements of the program. The Plan should demonstrate a rational, efficient use of resources and provide for an implementation, operational support and reporting structure that will facilitate successful achievement of the desired programmatic results. The Plan should maximize cost-effectiveness and achieve gender equity in staffing on all levels.

The application should show the extent to which the plan maximizes cost-effectiveness, and relies on resources at the provincial and district levels to the maximum extent practicable. The reliance on provincial and district-level resources to lead the implementation and management of this award is of critical importance to USAID/Zambia.

Sub-factor 2.2 – Key Personnel

The application will be evaluated on the quality of proposed key personnel. Key Personnel will be evaluated based on the qualifications, skills, and past experience as compared to the requirements outlined in the Program Description.

Factor 3: Organizational Capacity

The applicant, whether acting as one institution or as a partnership of different institutions, should demonstrate substantial institutional experience in designing, managing, implementing, and evaluating FP/RH programs of similar size, scale, duration, nature, and complexity with the capacity to achieve measurable impact and sustained service utilization and delivery. The applicant demonstrates an extensive background in capacity building and strengthening of government organizations, particularly at the local level, working in RH/FP.

Factor 4: Past Performance

The recipient performance information determined to be relevant will be evaluated in accordance with the elements below:

- (1) Quality of product or service, including consistency in meeting goals and targets:
- (2) Cost control, including forecasting costs as well as accuracy in financial reporting
- (3) Schedule, including the timeliness against the completion of the award, task orders, milestones, delivery schedules, and administrative requirements (e.g., efforts that contribute to or affect the schedule variance).
- (4) Business relations, addressing the history of professional behavior and overall business-like concern for the interests of the customer, including the applicant's history of reasonable and cooperative behavior (to include timely identification of issues in controversy), customer satisfaction, timely award and management of sub awards, cooperative attitude in remedying problems, and timely completion of all administrative requirements:
- (5) Management of key personnel, including appropriateness of personnel for the job and prompt and satisfactory changes in personnel when problems with clients were identified.

B. COST EVALUATION CRITERIA

Proposed costs shall be evaluated for cost realism, completeness, reasonableness, allowability, and allocability. This analysis is intended to determine the degree to which the costs included in the cost application are fair and reasonable.

C. TECHNICAL VERSUS COST CONSIDERATION

For this RFA, the technical evaluation is more important than cost. The applicant will be rated in accordance with the selection criteria identified above. USAID reserves the right to determine the resulting level of funding for the cooperative agreement.

C. REVIEW AND SELECTION PROCESS

Technical applications will be evaluated in accordance with the evaluation criteria set forth above by a Technical Evaluation Committee (TEC) comprised of USAID employees and technical experts.

The Cost/Business applications will be evaluated by the Agreement Officer on cost effectiveness and cost realism analysis. An award will be made to the responsible applicant whose application best responds to the criteria specified above and proposes fair and reasonable costs. The final award decision is made, while considering the recommendations of the TEC, by the Agreement Officer.

Authority to obligate the Government: the Agreement Officer is the only individual who may

legally commit the U.S. Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either an Agreement signed by the Agreement Officer or a specific, written authorization from the Agreement Officer.

Anticipated Announcement and Award Dates

USAID/Zambia and its Agreement Officer expect to award this Cooperative Agreement by December 9, 2014, subject to funds availability.

[END OF SECTION V]

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Notice of Award signed by the Agreement Officer is the authorizing document, which shall be transmitted to the individual with the authority to enter agreements on behalf of the Recipient for countersignature to the authorized agent of the successful organization electronically.

2. Deviations

No deviations are currently contemplated to the standard provisions for the cooperative agreement resulting from this RFA.

3. Reporting and Monitoring

The Recipient must 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.

1. Financial Reporting

(1) The Recipient must submit quarterly financial reports to USAID within 30 calendar days following the end of each quarter using the Office of Management and Budget SF-425. Financial reports are due January 31, April 30, July 31, and October 31. 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/.

2. Performance Monitoring and Reporting

The Recipient shall submit copies of each report listed below to the Agreement Officer's Representative (AOR) with a copy to the Agreement Officer.

a. Mobilization Plan: Within the first two weeks of the effective date of award, the Recipient (with its sub-partners) will prepare and submit a mobilization plan for USAID approval. This plan should describe a schedule for initiating and staffing the program during the first three months following award.

b. Work Plan: Within 60 days of the effective date of this Agreement, and annually on October 31 thereafter, the Recipient shall submit an annual work plan and a detailed budget estimate associated with that plan, for USAID approval. This work plan must identify the planned activities and results in the coming year, the associated level of effort, and funding sources to be

used for that work. The period for annual work plans shall be synchronized with the U.S. Government fiscal year, that is, October 1 to September 30. In the first and last years of the program, the partner will develop a partial year work-plan that coincides with the start and end dates of the program.

c. 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 60 days of the award effective date.

d. Branding and Marking Plan: The Recipient shall submit a Branding and Marking Plan for the Integrated Family Planning and Reproductive Health Project 30 days after the award effective date, if it is not approved prior to finalizing the award.

e. Monitoring and Evaluation Plan: Within 90 days of the award date, the partner shall submit for USAID approval a monitoring and evaluation plan (M&E) covering the life-of-the program, which includes specific, detailed plans to document, monitor and evaluate program performance. The M&E plan must establish specific, quantifiable performance indicators and targets for the overall objectives included in the final program description and activities in annual work plans; describe the establishment of monitoring systems to measure program progress against overall objectives; and present a plan for data collection and measurement of overall program outcomes and results, including collection of baseline data, and for the use of data collected by the program to improve program planning and performance. Indicators and data need to be gender-sensitive and sex-disaggregated where appropriate.

f. Progress Reporting: 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. The progress report shall include:

(1) A comparison of actual accomplishments with the goals and objectives 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.

(2) Reasons why established goals were not met, if appropriate.

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

(4) Environmental Monitoring and

(5) Family Planning Compliance updates

g. Semi-Annual Program Results (SAPR) Reports: The Recipient shall submit PEPFAR-related results achieved within the first six months of the USG Fiscal Year. The results are due three weeks after the last day of the reporting period. The AOR will provide guidance on the layout and content of this report.

h. Annual Program Results (APR) Reports: The Recipient shall submit PEPFAR-related results achieved within the twelve months of the USG Fiscal Year. The results are due three weeks after the last day of the reporting period. The AOR will provide guidance on the layout and content of this report.

i. PEPFAR Expenditures Analysis Reports: The Recipient shall complete and submit Form DS-4213, PEPFAR Program Expenditures to the AOR each year by October 31. (This requirement will take effect once OMB approves the final DS-4213 form). The AOR will provide guidance on the layout and content of this report.

j. Annual Progress Report: The Recipient shall submit an annual progress report for the previous fiscal year. The results reported should be cumulative from October 1 to September 30 and is due on October 31 to the AOR with a copy to the AO. The fourth Quarter/Annual Performance Report shall follow the same format as the quarterly reports, but additionally shall focus on accomplishments, progress, and problems related to achievement of results, performance measures, indicators and benchmarks tied to the Annual Work Plan and the M&E plan targets for the quarter and the entire previous fiscal year. Additionally, the Annual Report must include an analysis of the Objective Performance Indicators and any other indicator data as well as a revision of annual target projections for the subsequent two fiscal years.

k. Success Stories: The Recipient shall submit success stories highlighting project accomplishments to the AOR 30 days after the end of each quarter beginning six months after the award date. At least one shall be submitted for each of the first three quarters, with the quarterly reports, and two shall be submitted with the annual report. The success stories should be written for an audience without intimate knowledge of the activity.

l. Semi-annual Portfolio Reviews: The Recipient shall brief the USAID/Zambia Health 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.

m. Lessons learned: No later than 36 months after the effective award date, the Recipient shall create lessons-learned and best practices for:

- o Using local partners to implement project activities
- o Promoting community involvement in ensuring quality provision of family planning and reproductive health services.
- o Creating collaboration with other partners and stakeholders in implementing a “Model District Community Family Planning Service Delivery System”

3. Final Report: No later than 90 days after the end of the Cooperative Agreement, the Recipient shall submit the original and one copy to the AOR and the AO in electronic (preferred) or paper form of final documents.

The final performance report shall:

1. Summarize the accomplishments of the cooperative agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation.
2. Detail cumulative achievements and a comparison of actual accomplishments against the goals, objectives, indicators, and targets established for this Agreement. When applicable, include reasons why established goals/targets were not met.
3. Relate quantitative data to cost data for computation of unit costs, whenever appropriate and the output of programs or projects can be readily quantified.
4. Include success stories illustrating the direct positive effects of the program.
5. Contain an index of all reports and information products produced under the cooperative agreement.

4. Standard Provisions

For non-U.S. organizations, the following *Standard Provisions for Non-U.S. Nongovernmental Recipients* will apply:

- M1. ALLOWABLE COSTS (JUNE 2012)
- M2. ACCOUNTING, AUDIT, AND RECORDS (JUNE 2012)
- M3. AMENDMENT OF AWARD AND REVISION OF BUDGET (AUGUST 2013)
- M4. NOTICES (JUNE 2012)
- M5. PROCUREMENT POLICIES (JUNE 2012)
- M6. USAID ELIGIBILITY RULES FOR PROCUREMENT OF COMMODITIES AND SERVICES (JUNE 2012)
- M7. TITLE TO AND USE OF PROPERTY (JUNE 2012)
- M8. SUBMISSIONS TO THE DEVELOPMENT EXPERIENCE CLEARINGHOUSE AND

DATA RIGHTS (JUNE 2012)

M9. MARKING AND PUBLIC COMMUNICATIONS UNDER USAID-FUNDED ASSISTANCE (AUGUST 2013)

M10. AWARD TERMINATION AND SUSPENSION (JUNE 2012)

M11. RECIPIENT AND EMPLOYEE CONDUCT (AUGUST 2013)

M12. DEBARMENT AND SUSPENSION (JUNE 2012)

M13. DISPUTES AND APPEALS (JUNE 2012)

M14. PREVENTING TERRORIST FINANCING (AUGUST 2013)

M15. TRAFFICKING IN PERSONS (JUNE 2012)

M16. VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)

M17. EQUAL PARTICIPATION BY FAITH-BASED ORGANIZATIONS (JUNE 2012)

M18. NONDISCRIMINATION (JUNE 2012)

M19. USAID DISABILITY POLICY - ASSISTANCE (JUNE 2012)

M20. LIMITING CONSTRUCTION ACTIVITIES (AUGUST 2013)

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

RAA1. ADVANCE PAYMENT AND REFUNDS (JUNE 2012)

RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (JUNE 2012)

RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)

RAA5. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER 2010)

RAA6. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010)

RAA7. SUBAWARDS (JUNE 2012)

RAA8. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (AUGUST 2013)

RAA10. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)

RAA12. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)

RAA16. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)

RAA22. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)

RAA23. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)

RAA24. CONDOMS (JUNE 2005)

RAA25. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (APRIL 2010)

The full text of these provisions may be accessed through the internet as follows:

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

[END OF SECTION VI]

VII. AGENCY CONTACTS

The signing Agreement Officer for this Award is:

Mr. Charlie Brown
Supervisory Agreement Officer
USAID/Zambia
Subdivision 694/Stand 100
P O Box 32481
Lusaka 10101
Zambia

E-Mail: cbrown@usaid.gov

The Agreement Officer who will manage this award is:

Ms. Ayana Angulo
Agreement Officer
USAID/Zambia
Subdivision 694/Stand 100
P O Box 32481
Lusaka 10101
Zambia
E-Mail: aangulo@usaid.gov

The Financial Office for this Award is:

Financial Management Officer
USAID/Zambia
Subdivision 694/Stand 100
P O Box 32481
Lusaka 10101
Zambia

E-Mail: invoice.za@usaid.gov

[END OF SECTION VII]

VIII. 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.

Applicants that will be invited prepare Full Applications should have or apply for (organizations that do not have) a Data Universal Numbering System (DUNS) Number and be registered with the System for Award Management ([SAM](https://www.sam.gov/portal/public/SAM/##11)) which can be accessed on this link:

<https://www.sam.gov/portal/public/SAM/##11> .

IX. ATTACHMENTS

The following attachments are provided:

1. DRAFT Zambia National FP2020 National Strategy (2014)
2. Zambia Demographic and Health Survey(2007)
3. Applicant Past Performance Data Reference Sheet
4. SF-424 Forms
5. Certifications, Assurances and Other Statements of the Recipient
6. Initial Environmental Examination

ⁱ All data in this document are taken from the Zambia 2007 Demographic and Health Survey (DHS) unless noted otherwise.
