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Issue Date:	**August 28, 2019**
Deadline for Questions:	**September 11, 2019**
Closing Date:	**October 11, 2019**
Closing Time:	**16:00 Local Ethiopia Time**

Subject: USAID/Ethiopia Notice of Funding Opportunity (NOFO) 72066319RFA00005

Program Title: Health Workforce Improvement Program (HWIP)

Catalog of Federal Domestic Assistance (CFDA) Number: 98.001

Ladies/Gentlemen:

The United States Agency for International Development (USAID), represented by USAID/Ethiopia, is seeking applications for a Cooperative Agreement from qualified entities to implement the **Health Workforce Improvement Program (HWIP)**. Eligibility for this award is not restricted.

This NOFO consists of this Cover Letter and the following sections:

1. Section A, Program Description;
2. Section B, Federal Award Information;
3. Section C, Eligibility Information;
4. Section D, Application and Submission Information;
5. Section E, Application Review Information;
6. Section F, Federal Award and Administration Information;
7. Section G, Federal Awarding Agency Contact(s);
8. Section H, Other Information; and
9. Annexes

Subject to the availability of funds, USAID/Ethiopia intends to provide approximately **$39.5 million** to be allocated over a five-year period for this activity. USAID/Ethiopia anticipates awarding one cooperative agreement as a result of this solicitation; however USAID/Ethiopia reserves the right to fund any or none of the applications submitted.

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

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

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements detailed in Section D. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

Applications must be received by the Closing Date and Closing Time indicated at the top of this Cover Letter. Any questions concerning this NOFO must be submitted in writing to caddis@usaid.gov with a copy to Tsegereda Gebremedhin and Belay Teame at tgebremedhin@usaid.gov and bteame@usaid.gov no later than the Deadline for Questions indicated at the top of this Cover Letter. Responses to questions received prior to the deadline will be furnished to all applicants through an amendment to this NOFO posted on www.grants.gov.

Issuance of this notice of funding opportunity does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Applications are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,

//Signed (Original Signature on File)//

Alula Abera
Agreement Officer

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SECTION A: PROGRAM DESCRIPTION

This funding opportunity is authorized under the Foreign Assistance Act (FAA) of 1961, as amended. The resulting award will be subject to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and USAID's supplement, 2 CFR 700, as well as the additional requirements found in Section F.

1. TITLE

The title of this program is "Health Workforce Improvement Program (HWIP)".

2. OBJECTIVE

The purpose of this program is to address critical human resources challenges in Ethiopia's health sector. The program will build on the work carried out under the Strengthening Human Resources for Health (HRH) Cooperative Agreement (AID-663-A-12-00008) that was awarded to Jhpiego in 2012. The Health Workforce Improvement Program will work with the Ministry of Health (MOH) and Ministry of Science and Higher Education (MOSHE) at the national level and their respective structures at the sub-national levels (regional, zonal and woreda levels), Higher Education Institutes (HEIs) levels that provide healthcare education at national and sub-national, and targeted health worker professional associations to improve the quality of Ethiopia's health workforce. The focus areas of this Activity are:

i. Institutional and individual capacity building to improve the quality of pre-service education for priority clinical cadres to improve the competency of clinical health workers,
ii. Improve the human resource for health management and regulation capacity of national and sub-national entities. The program will target program managers at MOH, Regional Health Bureau (RHB) and District Health Office; and faculty at HEIs, building their leadership, management and governance capacity for human resource development and management.
iii. Improve the generation and utilization of evidence to inform HR planning, development and management

Moreover, the program will reduce gender disparities in the health workforce by addressing gender challenges during health workforce development, deployment and management. The Activity will work with gender office in HEIs to provide appropriate technical and financial incentives to overcome gender barriers.

As a result of Health Workforce Improvement Program interventions, Ethiopia's healthcare workforce will be better qualified, better managed and more motivated to provide effective healthcare services to all segments of the Ethiopian population. Structural interventions will ensure that the gains are sustainable and that Ethiopia's health workforce will be available, accessible, and capable of delivering quality healthcare services that meet the Government of Ethiopia's (GOE) goal of providing universal health care to all citizens.

3. BACKGROUND

Relevant background is provided below relating to: (a) the global framework for HRH; (b) the HRH context in Ethiopia; (c) USAID's role in HRH both globally and in Ethiopia, and (d) alignment of USAID's HWIP with USAID/Ethiopia's recently developed strategic priorities for its next Country Development Cooperation Strategy.

a. Global Framework for HRH

Following the May 2014 World Health Assembly (WHA) Resolution WHA 67.24 titled "Follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage," the World Health Organization (WHO) developed a *Global Strategy on Human Resources for Health: Workforce 2030.* Launched in 2016, the strategy summarizes the essential role of an adequate health workforce for achieving the health priorities of the post-2015 agenda for sustainable development and universal health care. The strategy notes that goals such as ending AIDS, tuberculosis and malaria; dramatically reducing maternal mortality; ending preventable deaths of newborns and children under-5; and providing universal health care all require a transformation of workforce capability. The strategy then highlights four objectives that policy makers must consider when setting human resource policy:

- Optimize the performance, quality, and impact of the health workforce;
- Align investments in human resources for health with the current and future needs of the population and health systems, taking account of labor market dynamics and education policies, to address shortages and improve distribution of health workers;
- Build the capacity of institutions at subnational, national, regional and global levels for effective public policy stewardship, leadership and governance of actions on human resources for health;
- Strengthen data on HRH for monitoring and ensuring accountability of implementation.

WHO's global strategy, endorsed by member states, advocates for the adoption of a National Health Workforce Account (NHWA) as a harmonized, integrated approach for annual and timely collection of health workforce information? With reliable HRH information provided by NHWA in hand, countries will be able to better plan, implement, and monitor workforce policies.

WHO's global strategy is complemented by the 2016 report of the United Nations High Level Commission on Health Employment and Economic Growth (HEEG Report). The Commission was tasked with making recommendations to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to reduce the projected shortfall of 18 million health workers, primarily in low and lower-middle income countries, by 2030. It aimed to make health employment and education top priorities of political leaders around the world and inspire action by framing health as an economy as well as a system. The Commission notes that the health economy is a strong force for inclusive economic growth. First, the rapidly growing health sector creates much needed education and employment opportunities, including for women and youth. Second, a healthy population is more productive; it is estimated that the

returns on investments in health are around 9 to 1. The Commission outlined six recommendations related to what needs to be changed in health employment, health education, and health service delivery to maximize future returns on investments and four recommendations focusing on how to enable the necessary changes. Citing the urgency of meeting the global need for a qualified health workforce, the report called on national leaders to commit budgetary resources to transformative education, skills and job creation and to accelerate the implementation and reporting of National Health Workforce Accounts.

b. HRH Context in Ethiopia

Health indicators in Ethiopia, particularly those related to child health and malaria, have improved significantly in the past decade. A comparison of the 2016 to the 2005 Ethiopian Demographic Health Survey (DHS) indicates that:

- Infant mortality has decreased from 77 deaths to 48 deaths per 1,000 births
- Under-five mortality has decreased from 123 deaths to 67 deaths per 1,000 births

Furthermore, the total fertility rate decreased from 5.5 children per woman in 2000 to 4.6 children per woman in 2016 and maternal mortality declined from 676 maternal deaths per 100,000 live births in 2011 to 412 per 100,000 in 2016. These improvements are due, in part, to improvements in government policy and the health workforce. Most significantly, the government's Health Extension Program, launched in 2004, deployed some 38,000, mainly female, government-salaried health extension workers (HEW) across the country. The HEWs play a major role in increasing community access to essential health care packages and mobilizing communities around health interventions. The program's referral system also broadened access to care at secondary and tertiary levels.

Significant investments in human resources training and development between 2009 and 2017/2018 (EFY 2009) also played a major role in improving Ethiopia's health statistics. The attention given to improving and expanding health workforce training for various cadres of health professionals resulted in the following key achievements in this period:

- The number of medical schools increased from 7 to 35 and midwifery teaching institutions increased from 23 to 49;
- Annual enrollment in medical schools increased from 200 to 2,124;
- The number of physicians in the country increased from 1,540 to 7,503; and
- The number of midwives increased from 1,270 to 8,413.

Health workforce density (health professionals to population ratio) increased from 3 per 10,000 populations to 9 .0 per 10,000. Women continue to be underrepresented in the health workforce at the professional and mid-level categories, including in professions such as nursing, which is traditionally considered a female domain. Health extension workers, on the other hand, are predominately female. Reasons for the poor representation of females in the professional health workforce could include factors such as lower educational completion rates for females, family responsibilities, or cultural biases.

The GOE's approach to HRH is guided by its Human Resources for Health Strategic Plan (HRH SP) 2009-2025 (Please refer to appendix 1). The goal of the plan is "To ensure that skilled and motivated health workers are available to provide universal access to healthcare in Ethiopia."
Its objectives are to:

- Strengthen HRH policy, planning and partnership in Ethiopia
- Ensure the number of health care workers is increased to meet the minimum density threshold as recommended by WHO.
- Maintain an appropriate skill mix of health workers with competences relevant to the needs of the population by 2025.
- Ensure equitable redeployment and distribution of the health workforce.
- Attract and retain health professional including measure for improving their remuneration and their working and living conditions.

At the third Global HRH Forum in November 2013, Ethiopia renewed its commitment to ensure Universal Health Coverage for its population and made two broad commitments to:

- Scale-up quality pre-service education of HRH focusing on those cadres in critical shortage
- Improve human resources for health planning and management capacity

In July 2015, the HRH SP was updated to reflect accomplishments between 2009 and 2014 and to align the plan's priorities and targets with the Government's fourth Health Sector Transformation Plan (HSTP), (Please refer to appendix 2). 'Ethiopia's Path Towards Universal Health Coverage through Primary Health Care exercise', other global commitments, and to address issues of healthcare worker motivation and retention.

The updated plan and a situation analysis exercise conducted in late 2013 indicate that, in spite of major accomplishments, significant human resources development and management challenges continue to exist.

- *Imbalances in geographical distribution and professional skills mix*: geographic imbalances and the skills mix of the available health workforce challenge health service coverage.
- *Human Resources Management*: The Human Resource Information System (HRIS) is not generating up-to-date data for planning and evidence-based management decision-making. In addition, targets related to health workforce motivation and retention has not been met despite incentives implemented by the MOH and Regional Health Bureaus.
- *Health Workforce Regulation*: Structures and institutions have been created for health workforce regulation, but the capacity of these institutions is limited.

The revised HRH SP therefore identified eight strategic priorities for Ethiopia for 2016-2025:

- Scale up education and training of health workers.
- Improve the imbalances in professional skill mix and geographic distribution.
- Improve quality of pre-service education and in-service training.
- Strengthen leadership and governance capacity of the health workforce.
- Optimize the utilization, retention and performance of the available health workforce.
- Improve health workforce information and the generation of evidence for decision-making
- Strengthen HRH regulatory capacity
- Strengthen health workforce partnership and dialogue

For the last two decades, the GOE has aligned its budget with poverty reduction priorities. Between 2006/07 and 2015/16, national on-budget health expenditure increased 2.5 fold in real terms. Over the last decade, nearly 59 percent of total national health care spending was allocated to finance capital expenditure (UNICEF National Health Budget Brief). HRH accounts for close to 80% of MOH's recurring budget at the regional level. While it is anticipated that the GOE will continue to prioritize poverty reduction and that the budget allocation for health will be stable or grow, the pressure of providing health care services to a growing population is immense. Actions that improve the efficiency and effectiveness of the health workforce can help to alleviate some of this pressure.

c. USAID Role in HRH

Health systems strengthening (HSS) has been at the core of USAID's global health programming for the last twenty years. Traditionally, HSS efforts have been incorporated into disease specific programs. However, in 2015 USAID issued the Vision *for Health Systems Strengthening (VHSS)* and began to focus its approach to HSS on concrete, integrated projects that would help achieve USAID's strategic priorities of preventing child and maternal deaths, controlling the HIV/AIDS epidemic, and combating infectious diseases. Countries' HRH capacity is critical to advancing and sustaining achievement towards these strategic priorities, and this is further evidenced by the inclusion of HRH as one of the six critical health system functions in its Vision for HSS. USAID has over 30 years of investment and technical leadership in human resources for health with comprehensive HRH programming currently spanning more than 25 countries. USAID's 30-year history in workforce development has evolved to a more comprehensive focus on HRH that is aligned with the WHO's *Global Strategy on Human Resources for Health: Workforce 2030* and the report and recommendations from the High-Level Commission on Health Employment and Economic Growth (HEEG). USAID leverages its expertise in education, youth workforce development, economic growth, and ability to catalyze private sector engagement to further health and social workforce advances in order to strengthen countries' health status, inclusive growth, and self-resiliency. Building on this commitment, in 2015 USAID launched the Human Resources for Health in 2030 (HRH2030) project to help countries build sustainable solutions to health workforce challenges.

In Ethiopia, USAID has been supporting various aspects of HRH, particularly the training of various cadres of health care workers, since the early 1990s. In 2012, the Mission developed and began implementing a comprehensive program focused exclusively on strengthening HRH in Ethiopia as a means of improving health services delivery and health outcomes.

The Strengthening Human Resources for Health program, implemented from 2012 to 2018, by a Jhpiego-led consortium, was tasked with:

- Improving HRH management
- Increasing the availability of midwives, anesthetists, health extension workers and other essential health workers
- Improving the quality of pre-service education and in-service training of health workers
- Conducting program learning and generating research and evaluation evidence on critical HRH issues.

A summarized list of accomplishments of the HRH program includes:

- Supported the development of a 10-year National HRH Strategic Plan to guide HRH program planning and implementation.
- Advocated for the creation of more than 1,300 new HR Management positions within the MOH and regions contributing to improved HR management capacity at all levels of the health system.
- Supported establishment of national and regional HRH forum, with government and non-government membership, as a platform for coordination, harmonization and alignment of HR efforts and enhancing self-reliance through private sector engagement.
- Developed and/or re-designed over 40 curricula for midwifery, anesthesia, HEW, nursing, medicine, biomedical, public health, and others
- Supported establishment of Educational Development Centers (EDC) in public higher education institutions to lead and coordinate quality assurance and program monitoring and evaluation activity.
- Assisted the government to establish 50 In-service training (IST) sites within GOE institutions, helping to move away from delivering IST in hotels and gradually institutionalize trainings into teaching hospitals, research centers, etc.
- Improved performance management practices through Balanced Score Card (BSC) training, experience sharing visits, semi-annual/annual appraisals, and reward/recognition events
- Supported the development of close to 30 policies and regulations at federal and regional level, thereby improving the HRH management practice.
- Increased retention; enhanced commitment and capacity of women in healthcare education programs through financial aid, recognition, tutorials, and other support
- Supported the development of Continuing Professional Development (CPD) legal framework and implementation guide to improve quality and competency of health workers.
- Completed a robust research agenda and applied results to programming
- Developed accreditation standards for 12 university and 6 TVET programs and trained 388 quality assessors
- Strengthened clinical training through collaborations with clinical sites to repair equipment, better equip preceptors, and ensure use of national service delivery guidelines
- Trained and improved the skills of 2,717 human resource staff from all levels of the health system
- Supported improved staff motivation and retention by advocating for the provision of opportunities for training and education, performance-based reward/recognition, and improving the work climate
- Supported finalization of a National Scope of Practice for 15 cadres of health workers
- Promoted the adoption of competency-based curriculum
- Supported the development and piloting of a licensure exam for medical, health officer, nursing, midwifery and anesthesia university graduates.

The end-line evaluation of the current HRH award reconfirmed the above achievements. It highlighted that the Activity was effective in bringing the HRH agenda to the forefront of regional and federal governments' agendas and helped to strengthen human resources

management. It is not only the source of the new thinking behind the latest approaches to implementing quality improvement but also contributed to strengthening the quality of pre-service education in health science colleges through its investment in curriculum development and revision, the establishment of functioning Educational Development Centers, and financial and material support.

The same evaluation also highlighted some of the major challenges the HRH program continues to face. Quality control measures and regulation of professional practice conducted both at the pre-service training institutions and service provision levels remain weak primarily due to the varying degrees of implementation particularly at public institutions. The In-service Training (IST) centers have limited infrastructure to provide quality training. Activities of the IST centers are not also fully institutionalized and standardized.

With regards to improving quality of pre-service training, despite the many and innovative works done in the training institutions, a number of challenges remain to implement quality improvement interventions. The following challenges were highlighted in the HRH end-line evaluation:

- Resistance from the conventionally-trained trainers to shift the conventional curriculum to a competency-based curriculum
- Increased enrollments in training institutes having a negative impact on the quality of training due to a mismatch between infrastructure constraints and other inputs versus the number of trainees.
- The implementation and provision of rigorous university pre-training curriculum and the required faculty development to sustain these programs is challenging due to high turnover of staff and time required to build the capacity of young faculty members through mentoring and training. There is also a critical shortage of preceptors at many training institutions.

With regards to regulation of health workforce as well as the training institutions, double-standards exist where only the private training institutes are highly scrutinized for meeting standards while the public sector is not strictly monitored to ensure regulatory standards are met. Moreover, despite having two regulatory authorities at federal level (HERQA, for higher education institutions and FMHACA, for professionals), their regulation capacity remains a major challenge for improving the quality of training institutions, advancing the professionalism of health workers and ensuring responsiveness of health providers. The lack of uniform enforcement of regulation standards across public and private institutions or professionals along with the limited capacity of both regulatory institutions, regulatory functions are highly compromised. Both institutions do not have the information systems, staffing and structures at regional levels to effectively enforce regulations.

Additional information on achievements of the HRH program can be found in the HRH final evaluation, in HRH annual and quarterly reports, and in the compendium of research publications and presentations.

Because some of the initiatives of the Strengthening Human Resources for Health program are in early stages, they are not yet fully institutionalized. In addition to the HRH activity,

USAID/Ethiopia implements other programs – in the health and other sectors – that complement investments in Ethiopia's HRH sector. These include:

- Health financing program: The overall goal of this activity is to further strengthen the health financing functions and systems to support Universal Health Coverage (UHC) of quality PHC services for Ethiopian citizens with reduced financial barriers.
- Transform Primary Health Care: This activity seeks to contribute to the health sector's broad goal of ending preventable child and maternal deaths through integrated and improved engagement with the Government of Ethiopia public health sector actors. It focuses primarily in the areas of maternal, newborn and child health (MNCH); family planning (FP) and reproductive health (RH); and malaria within Ethiopia's four major regions: Amhara, Oromiya, Southern Nations, Nationalities and People (SNNP) and Tigray.
- Transform Health in Developing Regions: This activity is implemented in the four developing regional states of the country - Afar, Benishangul Gumuz, Ethiopia Somali and Gambella regions- with the objective of increasing the numbers of healthy mothers with successful birth outcomes; expanding access and uptake of family planning; increasing numbers of healthy newborns; and sustaining gains already achieved in reducing under-five mortality. The Activity will implement its activities through women, children and girls-centered lens, under a three pronged strategic approaches focusing on i) Increased access to integrated quality high impact MNCH/FP services; ii) Increased health seeking behavior enhanced by reduced gender inequalities; and iii) Improved evidence-based decision making and program learning; all with the overall goal of strengthening the regional health systems.
- Private Health Sector: The Private Health Sector Program (PHSP) supports the Ethiopian Federal Ministry of Health and regional health bureaus in making the private health sector an indispensable component of the national health care delivery system. PHSP works to enhance geographic and financial access to key public health services through the private sector, establishing a policy environment that enables private sector delivery of the services, supporting continuous quality improvement of the services to increase demand for affordable and high-standard services by informed and proactive consumers further leading to self-reliance. PHSP connected the public health sector with private facilities through public private partnerships to expand the reach of four essential public health services - tuberculosis (TB), HIV and AIDS and other sexually transmitted infections, family planning, and malaria.

d. Alignment with USAID's Country Development Cooperation Strategy

USAID/Ethiopia just finalized its next generation five-year Country Development Cooperation Strategy (CDCS). The Mission's overall development hypothesis that has guided strategic thinking is that if Ethiopians are healthier and better educated they will be empowered to drive Ethiopia's socio-economic development.

The goal of the CDCS is: By 2035, Ethiopia will be more prosperous, inclusive and self-reliant, with increasingly empowered citizens driving effective and accountable roles in governance, poverty reduction, and improved crisis management. The goal will be supported by strategic

principles that focus on citizen empowerment, household and community resilience and well-being, and more effective and accountable systems and institutions at all levels. These, in turn, will be supported by development objectives around the themes of reducing risk/impact of disasters, increasing the resilience of vulnerable populations, expanding economic growth, and improving health and education outcomes.

The Health Workforce Improvement Program (HWIP) directly contributes to the focus on health and education outcomes. The program will help optimize the health workforce; strengthen the leadership, management and governance capacities of individuals and institutions involved in both managing human resources for health and training new healthcare workers; and improve workforce responsiveness, thus improving the overall quality of the health workforce and strengthening the national health system – all of which will lead to improved health outcomes for the Ethiopian population. HWIP also contributes to the objective to increase the resilience of vulnerable populations, as both a healthy population and a stronger health system are more resilient to shock. As outlined in the HEEG report, investments in the health workforce, also contribute to economic growth through job creation and education—usually greatly benefiting women and youth. And, a healthier population is more productive and better able to contribute to economic growth. Finally, the Health Workforce Improvement Program also supports the Mission's priority of reducing gender inequities.

4. GENERAL ACTIVITY GUIDANCE

The following provides the operational guidance that will be critical for the successful and sustainable implementation of this program. These include: overarching guiding principles; the collaborating, learning and adapting approach; geographic scope; funding sources; gender considerations; overall technical approach; and the management approach.

a. Overarching Guiding Principles

The overall purpose of this program is to improve the capacity of Ethiopia's health workforce to deliver quality health services to achieve universal health care. To achieve this purpose, interventions under this award must:

- *Be in line with GOE national HRH targets and objectives*: Support the HRH SP, the HSTP and subsequent Health Sector Transformation Plans, and other relevant government plans and priorities.
- *Maximize efficiencies*: The recipient should seek efficient means to achieve desired outcomes, minimizing costs and efforts.
- *Build on past investments and promote evidence-based practices adapted to Ethiopia:* The recipient should build on the considerable successes and achievements of the HRH program, the knowledge it generated, and its monitoring and evaluation tools. Proposed interventions should be based on evidence-based best practices in HRH management, planning and monitoring, adapted to the Ethiopian context. In addition, recipient should make use of and adapt for use in Ethiopia existing tools, materials, curricula, data, data bases, research, and other knowledge.

- *Coordinate with, collaborate with, and leverage the activities of other USAID-funded partners*: The programs supported by other USAID partners are often complementary to those of the HWIP and can contribute toward achievement of HRH follow-on objectives. Specific USAID partners include, but are not limited to: Abt, the recipient of the new health financing activity; Amref, as implementing partner for the Transform Health in Developing Regions activity; Pathfinder, implementing partner for the Transform Primary Health Care activity; Abt Associates, implementing partner for the PHSP, the awardee of the USAID eHIS follow on award; and others as needed.
- *Work closely with other bilateral and multi-lateral donors:* While no other bilateral or multilateral donors are specifically supporting HRH in Ethiopia, recipients will be expected to collaborate with other donor programs, when relevant. In particular, recipients should be familiar with and align activities with programs supported by Center for Disease Control (CDC)/Ethiopia.
- *Avoid duplication of efforts:* Activities should not duplicate or overlap with the investments of other USAID partners, other donors, or the GOE. Recipients should engage in effective coordination and collaboration to ensure that this does not happen.
- *Promote Public Private Partnerships (PPPs):* Collaborate with the private sector on practicum training activities.
- *Address gender inequities*: Gender inequities influence many health and development outcomes in Ethiopia. The design, implementation and monitoring of all interventions should be considered through a lens that prioritizes gender-based concerns.
- *Increase local capacity and commitment, promote sustainability, and build resilience:* recipient should demonstrate how proposed interventions will build local capacity in HRH and lead to sustained capabilities to manage, plan and monitor the health workforce as well as weather shocks and crises.

b. Collaborating, Learning and Adapting (CLA)

USAID is integrating CLA best practices into all aspects of its operations and programming to achieve better development results. This involves strategic collaboration, systematic and continuous learning, and adaptive management. CLA asks:

- Do you take the time to think critically about your work?
- Are you strategic in who you collaborate with, what you're learning, and
- Do you use those learnings to change accordingly?

While CLA is not a new idea, these practices often do not occur regularly, are not systematic, and not deliberate. CLA is not a different or extra work stream or done for its own sake. It is a different way of approaching program design and making implementation as effective as possible to maximize development impact. Strong CLA practices vary with organizational culture, program contexts, and their enabling environments. CLA practices need to be tailored where investments at different levels of the health sector and the enabling environment are implemented by different implementing partners.

Partners can achieve this intentionality by identifying knowledge gaps in their program's theory of change or by filling gaps in the evidence that designers used when creating the program. The intentionality may be achieved by creating and taking opportunities for stakeholders to track

progress, discuss challenges, opportunities, and changes in context. Another opportunity to be intentional emerges as collaboration opportunities are created or required, especially if USAID/Ethiopia or Washington stakeholders are involved.

ADS 201.3.4.10.B describes potential approaches to CLA that include, but are not limited to:

- Having partners identify knowledge gaps in the theory of change for their program or in their technical knowledge base and supporting them in identifying and implementing ways to fill these gaps;
- Planning for and engaging in regular opportunities for partners to reflect on progress, such as partner meetings, portfolio reviews, and after-action reviews. These opportunities may focus on challenges and successes in implementation to date, changes in the operating environment or context that could affect programming, opportunities to better collaborate or influence other actors, and/or other relevant topics;
- Encouraging or requiring partners under a program to collaborate, where relevant. Collaboration activities may include joint work planning, regular partner meetings that facilitate knowledge sharing, and/or working groups organized along geographic or technical lines. These activities require time and resources, and appropriate resources should be budgeted;
- Involving implementing partners in the USAID learning activities, such as portfolio reviews or stocktaking efforts, as appropriate; and
- Using the knowledge and learning gained from implementation as opportunities to reflect on performance, monitoring data, evaluations, knowledge about the context, and other sources to adjust interventions and approaches as needed.

These practices need to drive decision-making and program adjustments in an intentional way that responds to new information and changes in context.

Recipients should describe how they will integrate CLA into their programming to ensure that information and knowledge is shared among the recipient and any sub-partners, that collaboration takes place, and that knowledge gained is used to adjust interventions and approaches, when needed.

c. Geographic scope

The Health Workforce Improvement Program will be national in scope and work at the federal and regional level with selected higher education institutions. At the federal level, the primary focus will be supporting the federal institutions including MOH, Ministry of Science and Higher Education, the federal regulatory agencies and selected federal institutions. At the regional level, the recipient is expected to support the RHBs and the regional regulatory systems. In supporting training institutions, the recipient is expected to show a prioritized approach where focus is given to the new generation of universities to support major changes in curriculum to improve the overall capacity of graduate students. For example, given the receptiveness of the new universities for changes, new universities could be targeted for the introduction of competency-based curriculum. Some of the interventions should also be targeted at certain tiers of the health

system (e.g. region level) to ensure a focused and targeted support. For example, support for HRM interventions could be implemented primarily at the national and regional levels. Similarly, interventions in different geographic areas and at different educational institutions may vary, based on need. Recipients should indicate an approach to determining what interventions will be required for different tiers, geographic areas, and educational institutions.

d. Funding sources

USAID will fund the Health Workforce Improvement Program which will run for up to 5 years (estimate: December 2019 – November 2024), with an initial award of three years and renewal grant for two years based on performance of the first three years. The life of project funding is estimated at $39.5 million. The source of funding for this Activity will be from MCH, FP/RH, TB and malaria resources.

e. Gender considerations

Gender inequalities influence many health and development outcomes in Ethiopia. USAID/Ethiopia is committed to addressing these inequalities throughout its programs. A gender assessment was conducted to provide the Mission with guidance on how to build on its current work in gender programming. Many programs in the current USAID/Ethiopia portfolio are working to challenge the gender inequitable norms and practices that undermine health.

Given this program's focus on human resources for health, gender concerns must be taken into account in all aspects of the program. As noted in the HEEG report, jobs in the health sector tend to be inclusive of women, and many health sector positions are located in rural and remote areas, where women often lack opportunities for employment. Nevertheless, gender biases, physical and sexual violence, and other forms of harassment remain important challenges for health workers. For example, female human resource managers may encounter different challenges than men when hiring, evaluating, disciplining, firing, or transferring personnel and the work of some female health workers is often undervalued.

Both male and female HRM professionals must be sensitive to gender concerns when dealing with the health workforce. Although the majority of health workers are women, women are not as well represented in management positions in the health sector. Fewer women than men are admitted to pre-service training for healthcare positions and those that are admitted may require additional support and mentoring above that provided to men to succeed. Because little data exists on gender concerns in the HRH field, gender integration and challenges should be integrated into research topics. The design, implementation and monitoring of all health workforce improvement activities should be considered through a lens that prioritizes gender issues and concerns.

Promoting gender equality and advancing the status of women and girls is vital to achieving USAID development objectives. In addressing gender issues in the Health Workforce Improvement Program, Applicants are required to review existing gender analysis done to date and plan to conduct additional gender analysis as needed at the beginning of program

implementation and develop clear strategy to address identified issues. The review of existing studies or the additional gender analysis should identify:

- Relevant gender gaps in the status and anticipated levels of participation of women and men that could hinder the key results to be achieved by the program,
- Key gender inequalities or needs for female empowerment that could be addressed through the program, and
- Any potential differential effects (including unintended or negative consequences) on women and men.

f. Technical Requirements

Recipients will design and manage interventions that will improve the capacity of Ethiopia's health workforce by addressing constraints to effective and efficient human resource management and training. The program will build on the achievements of the previous USAID programming and institutionalize several of the interventions that were initiated under that program. (Please refer to the Development Experience Clearinghouse (https:/dec.usaid.gov) for the end line evaluation which contains the list of interventions). Human resource management approaches will be evidence-based and based on global best practices and international standards that lead to optimal use of limited human resources. Approaches to training will emphasize creating the conditions that lead to and sustain quality education facilities able to graduate competent male and female healthcare providers with an appropriate mix of skills. The recipient is expected to propose and support prioritized higher education institutions to introduce competency-based training, both in public and private institutions. Interventions related to certification and licensure regulations will help ensure that standards are implemented and maintained. The recipient is not expected to directly conduct in-service or continuing professional development trainings, but rather should propose an innovative mix of interventions that will improve the quality of in-service training provided by public and private institutions. Moreover, innovative sub-granting approaches are needed to ensure local capacity development and sustainability of certain interventions like the Leadership, Management and Governance training that is offered to senior, mid and low level managers. Data and research-related interventions will build local capacity, fill knowledge gaps, and provide critical information that will allow HRH decision makers to better plan and manage the health workforce. Innovative approaches will be required to ensure full institutionalization and sustainability of gender-related interventions at Higher Education Institutes. All proposed interventions should build local ownership, capacity, and sustainability and reduce gender inequities.

The Activity shall also include an opportunity to experiment and learn through "high-risk/high-return" interventions that attempt to unblock those seemingly intransigent obstacles with a small but dedicated innovations fund. High-risk/high-return means activities are those that, if successful, could be "game changers" (high-return) towards improved progress in an area of implementation, but as relatively untested approaches, also have a risk of failure (high risk). A small portion of the Activity's funds will be used for this purpose. Applicants should use their discretion to propose a reasonable amount to meet this requirement. The innovation should demonstrate a clear link to the goal/outcomes and should identify the probability for being a game-changer.

g. Management Requirements

The recipient will propose a comprehensive program management plan that enables achievement of all intermediate results under the health workforce improvement program. The recipient is required to utilize the appropriate mix of managers, technical experts, and administrative staff at the national and regional levels. The staffing level and pattern should be modified over time as needed to provide effective support to field efforts as they evolve.

The recipient's staff, taken as a whole, must have qualifications, skills and experience in:

- Management and administration of USG or other similar size/type donor-funded programs;
- Technical knowledge of HRH, including technical expertise related to all facets of human resource management, pre-service training, in-service training, continuing professional development, data use and management, quality improvement, research, and professional licensure;
- Capacity building approaches and measurement, including leadership, management and governance;
- Gender-sensitive programming;
- Partnerships with governments institutes, higher education institutions, professional associations, local organizations, and private sectors; and
- Monitoring, evaluation, and research methods for measuring program effectiveness and impact.

h. Local Partner Engagement

The recipient is expected to engage relevant local partner(s) in the implementation of the Health Workforce Improvement Program. Proposed areas of engagement may include the development/design, implementation and monitoring of Continuous Professional Development program and review of CPD proclamation, among others. The recipient is expected to transfer up to 10% of its award to local partner(s) through sub-grant to carry out these activities. Capacity building of the local partner(s) to engage in this activity will begin starting from the first year. By the end of the third year, the prime recipient is expected to have built capacity of the local partner(s) so that USAID will make direct grants to the local partner(s).

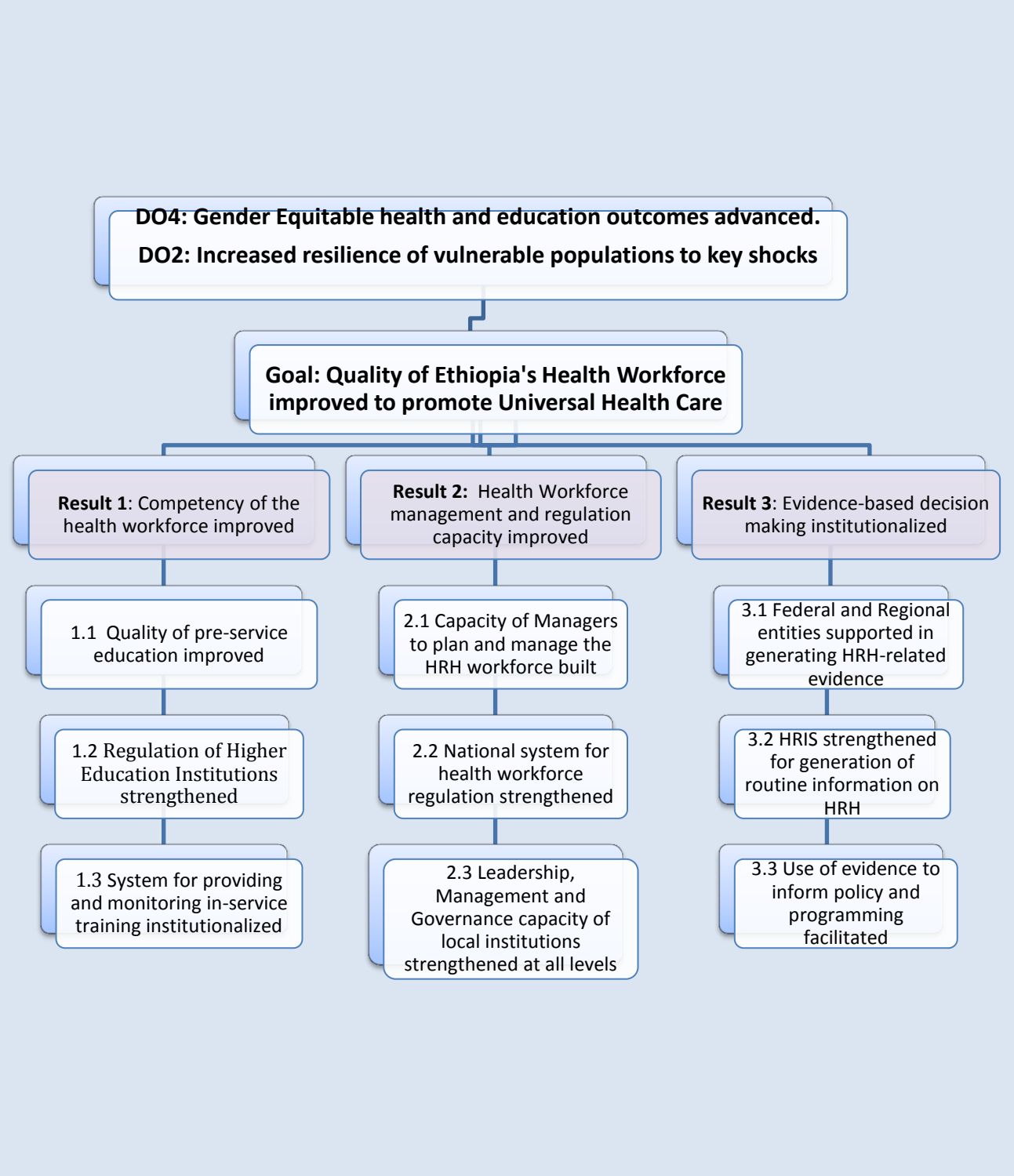
i. Transition/Exit Strategy

The recipient must propose clear plan to sustain efforts and gains made through a clear transition plan. The recipient should outline how each intervention will continue to run with little or no external support after the project phases out.

5. ACTIVITY DESCRIPTION

This section describes the interventions envisioned under this Activity. The activity purpose and the strategy for achieving results, as illustrated in the Results Framework, are discussed below. Under this activity, USAID/Ethiopia seeks to improve the quality of Ethiopia's health workforce to achieve improved health outcomes across the country.

Results Framework for the Health Workforce Improvement Program



The purpose of the HWIP is to augment management and implementation capacity of GoE entities to improve HRH management practices and address the low competency of health care workers. The development hypothesis is that a better managed and more capable health workforce will provide improved health services, which will lead to better health outcomes for Ethiopians. This program will focus on the "supply" side of health by ensuring that quality health services are available to the Ethiopian population. Other USAID/Ethiopia, government and donor programs focus on the "demand" side, addressing issues of knowledge, access, and utilization of services.

As indicated in the results framework, the purpose of the health workforce improvement program will be achieved through three inter-related results, each with several intermediate results. The specific context, expected results, illustrative activities, and illustrative indicators relating to each result are described below.

a. Result 1: Competency of the health workforce improved

I. Context

A well trained workforce, capable of providing quality healthcare service delivery, demands that both training institutions and individual health care workers meet and maintain quality standards, from leadership levels to the lowest ranked worker.

Over the past few years, in response to a deliberate GOE effort to increase the number of healthcare professionals available in the country, Ethiopia has made remarkable progress in expanding the number of facilities offering health care-related pre-service training. This successful strategy resulted in dramatic increases in the numbers of health officers, midwives, medical doctors, human resource managers, and other critical health cadres. However, the expansion has been so rapid that infrastructure, faculty, and regulatory capacity has often been outpaced, compromising the quality of pre-service education.

Gaps in pre-service education include:

- Shortage of experienced and motivated male and female faculty
- Insufficient educational resources and infrastructure
- Use of curricula that does not sufficiently develop relevant and practical competencies to meet current or forecasted needs aligned to the provision of universal health care
- Lack of gender-sensitive support for female students
- Weak collaboration between academic institutions and practicum sites
- Lack of standards and insufficient skill levels among preceptors at practicum sites
- Insufficient capacity and commitment for quality improvement
- Lack of academic leaders focusing on improving the quality of education
- Weak institutional capacity for accreditation, quality assurance and regulation

Similarly, there is weak capacity and commitment to support the development, provision and monitoring of both standardized in-service training (IST) and continuing professional

development (CPD). Neither health workers nor employers fully embrace the need for lifelong learning to build capacity in new areas and skills. Important steps in strengthening IST made under the HRH program include the development of IST guidelines and directives. Other challenges include:

- Local capacity to assess and aggregate needs from bottom up is weak
- Capacity to develop and provide IST is weak
- Planning, coordination and monitoring of in-service training is weak
- Government and private employers do not allocate resources for staff development

Ethiopia's lack of standardized national licensing exam a licensure and re-licensure system compounds the lack of commitment to IST and CPD. At present, any student graduating from pre-service training is able to begin practicing, without having to pass a national licensing exam. This is particularly problematic given the lack of standardization in pre-service training and the varying quality of pre-service training institutions. The HRH program piloted a licensure exam for health officers, medical doctors and midwives that was well received, but has not been institutionalized. As of yet, there is no policy on licensure.

II. Expected outputs for Result 1

- Clinical and pedagogic skills of faculty improved
- Competency-based curriculum is routinely used for all essential health cadre training in selected universities and regional health science colleges
- Quality improvement/quality assurance plans routinely developed and implemented in higher education institutions
- Students graduate with the skills and knowledge required to provide quality health care and health care management
- Pre-service training institutions meet national standards and are accredited
- Preceptors in practicum sites meet guidelines
- National Licensing Exams institutionalized for priority healthcare cadres
- Gender balance of instructors in higher education institutions improves
- Gender balance of students completing pre-service training improved
- Student admission system improved
- IST guidelines and directives in use at all health facilities
- Tracking system for IST used at all levels of health system

III. Illustrative activities for Result 1

Illustrative activities are set forth below for each IR under Result 1.

IR1.1: Quality of pre-service education improved

- Expand use of competency-based curriculum for health officers, midwives and medical doctors
- Institutionalize educational quality improvement systems in higher education institutions

- Reduce gender disparities in recruitment and retention in higher education institutions
- Work with the Federal Ministry of Education to improve student admission system
- Build capacity of faculty to meet quality standards for both clinical and pedagogic skills
- Build the skills of preceptors at practicum sites
- Develop guidelines, standards and follow-up system for preceptors
- Increase the availability of essential equipment, technologies, and supplies in selected higher education institutions

IR 1.2: Regulation of Higher Education Institutions strengthened

- Develop/strengthen accreditation standards and an accreditation system for public and private higher education institutions
- Strengthen accreditation enforcement system for both public and private HEIs
- Build capacity of higher education institutions to meet national accreditation standards
- Improve the capacity of regulatory agencies to conduct ongoing external quality audits
- Support a system of regular and ongoing mechanism for self-assessment against existing standards
- Establish and/or strengthen a national board of licensure examination
- Support engagement of local medical professional associations in the process of licensure

IR1.3: System for providing and monitoring in-service training of health workforce institutionalized

- Strengthen use of IST guidelines and directives.
- Provide support to IST sites with the goal of making them self-sustainable.
- Monitor standardization of IST.
- Develop a system for tracking in-service training linked to Human Resource Information System (HRIS) and CPD.
- Work with universities, regional health science colleges and selected professional associations to institutionalize use of an in-service training tracking system linked to the HRIS and CPD.

IV. Illustrative indicators for Result 1

- Number of HEIs adopting competency-based curricula
- Number of HEIs with fully functional Education Development Centers
- Number of higher education institutions with quality improvement plans
- Number of public and private higher education institutions meeting national accreditation standards
- Number of public and private higher education institutions accredited by a recognized accreditation body
- Number/proportion of female students admitted and number/proportion completing pre-service training, disaggregated by age (Adolescence 15-19 years, Emerging Adulthood 20-24 years, transition into Adulthood 25-29 years).

- No. of students graduating each year, per cadre and health education institution, disaggregated by age and sex (Adolescence 15-19 years, Emerging Adulthood 20-24 years, transition into Adulthood 25-29 years).
- Attrition (drop-out) rate per student cohort, per cadre and health education institution over a given period, disaggregated by age and sex (Adolescence 15-19 years, Emerging Adulthood 20-24 years, transition into Adulthood 25-29 years).
- Attrition (turnover) rate among instructors, per cadre and health education institution (over a given period).
- Number/percent of practicum sites that meet implementation guideline standards.
- No. and % of graduating students granted professional certification/licensure, per cadre.
- Number of health facilities using IST tracking system.

b. Result 2: Health workforce management and regulation capacity improved

I. Context

An optimal health workforce has the right people at the right place at the right time. This requires capable human resource managers able to engage in adequate and timely planning, recruitment, tracking, training and retention of healthcare workers.

Leadership, management and governance (LMG) capacity among health managers at all levels of the MOH, RHBs and within institutes of higher education is not well developed. Under the USAID/Ethiopia-funded Leadership, Management and Governance cooperative Agreement (OAA-A-11-00015), support for LMG training was provided to various institutions with impressive results. Similar intensive, well-facilitated and well-supervised training has the potential to transform and empower management both within the various tiers of the public health system and within institutions of higher education. This type of transformed leadership and management, in turn, has the potential to motivate staff, improve the quality of management and teaching, and ultimately improve healthcare service delivery for better health outcomes.

While Ethiopia has made significant progress over the past few years in strengthening human resource management, HRM functions, particularly at the decentralized levels, continue to receive inadequate attention and many human resource management staff lack experience and capacity. There is huge gap in training programs dedicated to human resource management with undergraduate and post-graduate training that can sustainably create a pool of HR professionals.

With support from USAID's HRH program, the health human resources structure was reviewed in the past 3 years and a new structure created at the zonal, woreda and health facility levels to complement the national and regional levels. In addition, over 1,300 new HR positions were created and to date around 90% of these have been filled with funding from the GOE. While already making important contributions to HRM in Ethiopia, these new staffs have been in their positions for only a short period of time and continue to need support, training, supervision, and professional development opportunities to be able to incorporate modern HRM concepts and practices into their day-to-day work. Women HR managers may require specific gender-sensitive support. Also, the remaining vacant positions need to be filled and the new officers supported.

Workforce planning is a major challenge for HR managers. Not only does Ethiopia suffer from an inadequate number of trained healthcare workers, but also those who are trained do not always have the needed mix of skills or are not deployed where their skills can be most effectively used. While health professional density improved at the national and regional levels from 1.27 per 1,000 population in 2013 to 2.3 today, it still falls short of the MDG threshold of 4.45 healthcare workers per 1,000 population. Furthermore the existing workforce is unevenly distributed between urban/rural areas, between and within regions, and among different tiers of the health system, leaving rural and hard-to-reach areas particularly underserved. Overall, the capacity of MOH and regions to effectively carry out workforce planning, recruitment, and deployment, training and development, performance management, and motivation and retention is sup-optimal.

The ability of the MOH to appropriately recruit, deploy, retain and manage healthcare workers is hampered by several factors:

- W*eak ability to forecast HRH needs at regional and national levels.* This lack of ability is mainly due to knowledge and training among HR managers at all levels, as well as a lack of complete and timely HRH data to inform HRH programming.
- *Weak inter-ministerial coordination around HRH issues*: Weak coordination between the MOH, with responsibility for planning and deploying the health workforce, and the Ministry of Science and Higher Education (MOSHE), with responsibility for training the health workforce, undermines the matching of HRH supply and demand. The skill mix provided by educational institutions does not always match the needs of the healthcare system. Similarly, budget, controlled by the Ministry of Finance and Economic Cooperation (MOFEC), does not always align with needs. Furthermore, the Ministry of Civil Service is responsible for the recreation of new government positions. With support from USAID/Ethiopia's HRH program, the HRH Forum was established to provide a platform for coordination, harmonization and alignment of partners' efforts at national and regional levels. GOE entities, non-government organizations, private sector, and other interested groups are able to participate in the HRH Forum. While this forum provides a critical venue for improving coordination, it remains underutilized.
- *Inappropriate staffing standards.* The staffing standards that dictate the number and type of health care worker at each tier of the health system are currently outdated and not consistent with the growing change in population dynamics and epidemiologic transition. Updating staffing standards using a system based on the current population profile and disease burden would allow health services to better serve their clientele.
- *Poor motivation and retention of the health workforce:* Attrition rates among healthcare workers are very high due to a variety of factors that may include low benefit package, leadership and management gaps, gender concerns, lack of a clear career path, lack of recognition/respect, lack of supportive supervision, absence of needed equipment and supplies, and weak performance of the HR management system. Although compensation/benefits packages are outside the purview of the Health Workforce Improvement Program, the scope for introducing other retention strategies that address work environment concerns is large.

- *Lack of HRH Policy:* while the GoE has the National HRH Strategic Plan to guide HRH program implementation, there is no national HRH policy (either stand-alone or as part of the National Health Policy) to guide overarching HRH plan and also guide future revision of the strategic plan.

Important steps in strengthening CPD made under the HRH program include the development of CPD courses in anesthetics, midwifery, medical and internal medicine. However, gaps still remain in the areas of capacity and readiness to enforce a CPD requirement and linking CPD to renewal of licensure. This has compounded the lack of commitment to CPD in the country.

Medico-legal issue in Ethiopia is also one of the growing concerns of the community. While MOH is taking certain steps to address this challenge, there remains key gap in capacity and system to prevent, address, report on and follow-up medico-legal issues arising from delivery of health care to the population. The HWIP is expected to support the system of addressing medico-legal issues at national and regional level by working with the relevant stakeholders at MOH and RHBs.

II. Expected outputs for Result 2

National Level

- Human resource management capacity built at all levels of the system
- Capacity for long-term planning and forecasting of HR needs established;
- System for planning, deploying and managing HR needs during emergency/humanitarian crisis or disease outbreaks institutionalized
- Appropriate HR plans in place at various tiers of the health system
- HRH Forum strengthened and used for review of policy and strategic direction on HRH
- Advocate for the inclusion of comprehensive HRH issues in the National Health Policy document
- Support the development of Health Professional Council
- Staffing retention strategies developed and implemented
- Innovative motivation and retention schemes developed
- Training programs for human resource management institutionalized
- Supply and demand for healthcare workers balanced
- Staffing standards at each tier of the health system revised and implemented
- Skills mix of health workforce matches staffing standards
- Leaders in higher education institutes become champions of quality improvement/quality assurance
- Mandatory CPD requirements for re-licensure in place
- Capacity and system for designing, administering, monitoring and evaluating CPD program in place
- Local professional associations involved in CPD
- Capacity to monitor and address medico-legal issues strengthened
- Additional HRM positions created based on the need of each region and vacant HRM positions filled

III. Illustrative activities for Result 2

Illustrative activities are set forth below for each Intermediate Result (IR) under Result 2.

IR2.1: Capacity of managers to plan and manage the HRH workforce built

- Build capacity to quantify workforce needs so that supply more closely matches demand.
- Help fill remaining HRM positions, mindful of gender equity concerns.
- Support new human resource management officers; build their professional capacity.
- Work with MOH to absorb HRH management graduates into HR units at Regional Health Bureaus, zones and health facilities.
- Develop capacity for planning, deploying and managing health workforce during emergency and humanitarian crisis
- Developing innovative motivation and retention schemes, building on already existing initiative to address motivation and retention issues.
- Develop and implement gender-sensitive staff motivation and retention strategies that improve the work environment.
- Improve performance management of HRH at facility level.
- Continue to support and strengthen the HRH Forum for integrating and coordinating HRH efforts between various GOE ministries, the non-government sector and the private sector.
- Promote dialog between the Ministry of Science and Higher Education (MOSHE), MOH, MOFEC and Ministry of Civil Service around HRH issues.
- Promoting inter-professional collaborative education and practice, both within academic institutions and between academic institutions and health facilities
- Use the Workforce Indicators of Staffing Need (WISN) or a similar tool to revise/update staffing standards at each health facility based on workload.
- Work with HRM staff to adjust staffing patterns based on revised standards.

IR2.2: National system for health workforce regulation strengthened

- Ensure standardized CPD courses are available for various cadres
- Ensure re-licensure is dependent on and linked to CPD courses
- Advocate for the involvement of local professional associations in CPD planning, design, delivery, administration and monitoring
- Ensure the CPD legal framework and implementation guide are used
- Strengthen the system for addressing medico-legal issues at national and regional level

IR2.3: Leadership, management and governance capacity of local institutions strengthened at all levels

- Conduct needs assessment of institutions to determine gaps and needs for LMG training at all levels within federal institutions (ministries and agencies working on HRH), regions and sub-regional structures, including training institutions.
- Work with existing partners on the ground to support the Woreda Transformation agenda through strengthening governance capacity at the district level

- Work with identified entities to include LMG training in work plan and budget preparation.
- Support creation of a pool of LMG trainers at various levels of the system, Facilitate the identification of LMG training providers.
- Support MOH to institutionalize LMG activities, including monitoring, supervision, planning and budgeting.

IV. Illustrative indicators for Result 2

- Number or % of human resource managers supported and trained in HRH (disaggregated by gender).
- Number of higher education institutions offering degrees in human resource management
- Number of regions using WISN (or equivalent) to determine staffing levels
- Number of vacant HRM positions filled (disaggregated by gender).
- Number of staff lost/retained, by cadre and by gender.
- Number of HRH Forum meetings held.
- Proportion of institutions staffed as per revised staffing standard.
- Number/percent of professionals meeting re-licensure standards (disaggregated by sex and age Early Adolescence 10-14 years,).
- Number of CPD courses developed Percentage of facility staff receiving in-service training during a reference period (e.g., annually), by cadre and type of training (disaggregated by sex).
- Percentage of facility staff completing CDP courses during a reference period (e.g. annually), by cadre and type of training (disaggregated by sex).
- Number of local professional associations involved in CPD (i.e. medical, midwifery, nursing, social work).
- Distribution of HRH workforce by geographical location by category.
- Number of trained and deployed health professionals by category (disaggregated by gender).
- Health workforce density.
- A percentage of budgets allocated to human resources management or human resources development annually.
- Existence of institutional models for projecting, monitoring, and evaluating staffing requirements.
- Percentage of health management structures (regional, zonal, and woreda) with individual staff performance plan and appraisal annually (disaggregated by levels).
- % of health workers undergoing annual performance appraisal on time.
- Number of health managers receiving LMG training (disaggregated by sex).
- Number of managers receiving LMG training by training institution (disaggregated by sex).
- Number of institutions including LMG training in their work plans and budgets.

c. Result 3: Evidence-based decision-making institutionalized

I. Context

Lack of information on which to base policy, planning, management decisions and programming constrains overall improvements to productivity and performance of Ethiopia's HRH sector. The current Human Resource Information System (HRIS) has limitations in generating timely, accurate and quality data to guide HRH planning and management in the country. In addition, with a proprietary and closed information system, the government will remain unable to support data integration and exchange of information between the HRIS, DHIS2 and other information systems used to capture pre-service education information. This limitation of the current HRIS system is compounded by lack of capacity of health managers and providers in core competencies for data use and poor identification of information needs to solve critical workforce planning and management challenges.

USAID plans to support a new award that will provide support to the MOH for improving several health information systems, including the HRIS that meets the requirements outlined in the eHealth Architecture of the Ministry of Health. The Health Workforce Improvement Program will work very closely with the new eHIS award to support design and roll-out of new HRIS that capture comprehensive information, and are integrated with information systems that capture data on licensing, regulation and oversight of health care workers.

The Health Workforce Improvement Program will also support the GOE in planning and carrying out a National Health Workforce Account (NHWA) exercise to generate required sets of data that can inform overall HRH planning, management, regulation, licensing, motivation and retention. HR managers and will focus on ensuring that data generated through the NHWA is available to and used by human resources managers to make decisions about staff needs, deployment, etc.
While improvements in the HRIS will provide critical needed information, research is required to answer questions such as "What types of blended learning approaches are most successful in Ethiopia for which cadres of healthcare workers?" or "Are retention rates different for different cadres of healthcare workers and, if so, why?" USAID's HRH program carried out a robust research agenda that often focused on select cadres of health workers. Under the Health Workforce Improvement Program, research topics will shift to focus more on cross-cutting HR issues and approaches that have impact on health workforce planning and management. Research-related activities will focus on building local capacity to plan, implement and use research. The recipient may not necessarily implement research studies directly.

Challenges to implementing a robust research agenda are many. Ethiopia does not have a strong research culture and the value of research and evidence, particularly in an area such as HRH, is not always appreciated. Furthermore, within the Ministry of Health there is no established platform to collaboratively identify research and program learning priorities.

The Ethiopia Public Health Institute (EPHI) is charged with carrying out public health research for the Ministry of Health, but to date capacity and engagement in HRH-related research has remained limited. At the sub-national level (regions and lower levels), capacity to conduct research, particularly qualitative studies, is relatively weak. In addition, capacity to utilize evidence for planning and programming decisions is not strong.

II. Expected outputs for Result 3

- HRIS generates timely, accurate and complete data
- HRIS and other data available and used for decision-making
- Capacity of federal and regional institutions to conduct HRH-related researches is built.
- Inter-ministerial stakeholders discuss research needs.
- Prioritized HRH research agenda developed by MOH.
- MOH and EPHI collaborate in carrying out the research agenda.
- Completed research informs policy and planning.

III. Illustrative activities for Result 3

Illustrative activities are set forth below for each IR under Result 3.

IR3.1: Federal and Regional entities supported in generating HRH-related evidence

- Work with MOH and RHBs to implement a participatory system for identifying critical HRH research needs that will inform improvements in HRH productivity and the performance of health professionals.
- Facilitate the prioritization of the identified research needs and the development of an HRH research agenda and timeline.
- Facilitate collaboration between different entities at federal level (e.g. MOH and the Ethiopia Public Health Institute (EPHI)) and sub-national level to develop scopes of work for priority research.
- Provide support to MOH and other entities, as required, for contracting, reviewing drafts, and addressing other needs for undertaking research on HRH.

IR3.2: HRIS strengthened for generation of routine information on HRH

- Build capacity of GoE entities to use HRIS data for decision-making
- Support integration and exchange of information between the different existing HRH information systems tracking various types of HRH data (e. MoE pre-service education data and MOH in-service data)
- Develop appropriate tools to assist with the understanding and use of HRIS data to make decisions

IR3.3: Use of evidence to inform HRH policy and programming facilitated

- Work with the GOE to plan for and implement a National Health Workforce Account
- Work with MOH to assess implications of research findings for HRH policy and planning.
- Ensure results of HRH research are incorporated into HRH planning and programming.
- Train staff to use the NHWA results for management, planning and monitoring of the health workforce
- National Health Workforce Account planned, completed and used

IV. Illustrative indicators for Result 3

- Number of stakeholders participating in development of research agenda.

- Number of HRH research completed at national and regional level
- National Health Workforce Account completed.
- Number of HRH research studies analyzed and used to inform HRH policy and planning.
- National HRIS populated with data at the subnational and national levels on a regular basis (e.g., quarterly/annually).
- Number of regions with a functional and comprehensive HRIS.
- Number of staff trained on HRIS (disaggregates by cadre, region and gender)
- Contents of the HRIS used to inform decision-making among health authorities at the national and subnational levels on a regular basis (e.g., annual planning and management review).
- All indicators and data within the HRIS use a common set of definitions and classifications allowing for consistent comparisons over time, across sources, and at the international level.
- All relevant indicators and data within the HRIS can be disaggregated by cadre, gender, geographical area, sector, or other characteristics.
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SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

Subject to funding availability, USAID/Ethiopia intends to provide approximately **$39.5 million in total USAID** funding over the five-year life of the activity.

USAID/Ethiopia intends to award one (1) Cooperative Agreement pursuant to this NOFO. However, this amount may be adjusted at the discretion of USAID/Ethiopia based on the circumstances. USAID/Ethiopia reserves the right to fund any or none of the applications submitted.

2. Start Date and Period of Performance for Federal Awards

This is a five-year agreement, with an initial period of performance of three years, and a renewal grant for two additional years to be awarded based on performance of the first three years.
The start date will be upon the signature of the award, estimated to be in January 2020.

3. Type of Award and Substantial Involvement

USAID plans to negotiate and award an assistance instrument known as a Cooperative Agreement with the successful applicant for this program. Potential applicants should note that USAID policy prohibits the payment of fee/profit under assistance instruments.

A Cooperative Agreement implies a level of "substantial involvement" by USAID (see ADS 303.3.11). This substantial involvement will be through the Agreement Officer, except to the extent that the Agreement Officer delegates authority to the Agreement Officer's Representative (AOR) in writing. The intended purpose of the substantial involvement during the award is to assist the recipient in achieving the supported objectives of the agreement. The anticipated substantial involvement elements for this award are listed below (this list does not include approvals required by Standard Mandatory Provisions for Non-US NGOs or other applicable law, regulation or provision):

3.1. **Approval of the Recipient's Implementation Plans**, including but not limited to, annual work plans, life-of-project exit strategy, and any subsequent revisions of such 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 plans for a later date. USAID must 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 must review the agreement's terms and conditions to ensure that changes to the terms and conditions are not inadvertently approved by the AOR.

3.2. **Approval of Specified Key Personnel** USAID may designate as key personnel only those positions that are essential to the successful implementation of the Recipient's program.

USAID's policy limits this to a reasonable number of positions, generally no more than five positions or five percent of Recipient employees working under the award, whichever is greater.

3.3. **Agency and Recipient Collaboration or Joint Participation** in implementation, including, but not limited to, participation in advisory committees and direction and/or redirection of activities specified in the program description due to GoE priorities and guidance as well as interrelationships with other programs;

a) **Concurrence on the Substantive Provisions of Sub-Awards**. 2 CFR 200.308 already requires the recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award.

b) **Approval of the Monitoring Evaluation & Learning Plan** – the ME&L Plan will be developed in consultation with USAID/Ethiopia. During the initial project planning period, the recipient shall work closely with USAID/Ethiopia to ensure that the ME&L plan clearly links the Recipient's activity with the objectives and targeted outcomes of the Program Description. The jointly developed ME&L plan shall be submitted within 120 calendar days of the award;

c) **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.

3.4. **Agency Authority to Immediately Halt Construction**.

4. Authorized Geographic Code

The principal authorized geographic code for this assistance instrument is geographic code 935 (any area or country including the recipient country, but excluding any country that is prohibited source). ADS 310.3.1.1 (3) authorize the use of Geographic Code 935 for funds covered by the statutory exemption for the Development Assistance (DA) fund for Africa. This authorization applies for the DA funds used in Africa (https://www.usaid.gov/sites/default/files/documents/1876/310.pdf).

For accurate identification of prohibited sources, please refer to 22 CFR 228 and Automated Directive System (ADS) 310 entitled "Source and Nationality Requirements for Procurement of Commodities and Services Financed by USAID.

5. Nature of the Relationship between USAID and the Recipient

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the Health Workforce Improvement Program activity which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent

with underlying agreements, program objectives, and the terms and conditions of the Federal award.

SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

There are no restrictions on eligibility for this solicitation. All qualified U.S. or non-U.S. organizations (other than those from foreign policy restricted countries), including non-profits and for-profit entities, are eligible to apply. Faith-based and community organizations that fit the criteria above are also eligible to apply.

Pursuant to Code of Federal Regulations (CFR) 200.400(g), it is USAID policy not to award profit under assistance instruments such as cooperative agreements, and as such, for-profit organizations must waive profits and/or fees to be eligible to submit an application. Foregone profit does not qualify as cost-share or leverage.

Applications will not be accepted from individuals. All applicants must be legally recognized organizational entities under applicable law. Public International Organizations are not eligible to apply for funding under this program. All applications must be submitted in accordance with ADS 303.

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 potential new partners which have not previously received financial assistance from USAID.

To be eligible for an award, in addition to other conditions of this NOFO, organizations must have a politically neutral humanitarian mandate, a commitment to nondiscrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, and political affiliation.

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

When considering making an award to an organization with limited or no previous USAID experience, or for any other reason determined by the Agreement Officer, USAID/Ethiopia might determine to conduct a pre-award survey which is a risk assessment to determine the organization's capabilities to complete the proposed activities. If notified by USAID that a pre-award survey is necessary, applicants must prepare in advance the required information and documents. Prospective NGO applicants should refer to ADS Chapter 303.3.9.1 for additional

information about pre-award surveys. For Non-U.S. Organizations, the Pre-award Survey Guidelines and Support is available in the following link: http://www.usaid.gov/sites/default/files/documents/1868/303sam.pdf. A pre-award survey does not commit the USAID to make an award to any entity.

The Recipient must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. The successful applicant(s) will be subject to a risk assessment by the Agreement Officer (AO) to assess whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills—or ability to obtain them—in order to achieve the objectives of the program and comply with the terms and conditions of the award.

2. Cost Sharing or Matching

Cost Sharing is not required for this activity, though it is encouraged and the use of cost share funds may lead to a program with greater impact.

Cost sharing may be provided directly by the Recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation activities at the country level. This may include contribution of staff level of effort, office space or other facilities or equipment which may be used for the program, provided by the Recipient. For guidance on cost sharing in grants and cooperative agreements, see 2 CFR 200.306.

3. Other Eligibility Requirements

Applicants can only submit one (1) application under this NOFO. Applications submitting more than one application may be disqualified from the evaluation process. Per Section A.4.h., the recipient is expected to transfer up to 10% of its award to local partner(s) through sub-grant to carry out these activities. Applicants are directed to review the other requirements for applications specified herein, including, but not limited to, Sections D and E herein.

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

The application package can be accessed at www.grants.gov. Applicants may also contact Tsegereda Gebremedhin or Belay Teame via email at tgebremedhin@usaid.gov or bteame@usaid.gov for copies of the application package if they have accessibility problems (see Section G below for more information regarding point of contacts).

2. Questions and Answers

Questions regarding this NOFO should be submitted electronically to caddis@usaid.gov with a copy to Tsegereda Gebremedhin and Belay Teame at tgebremedhin@usaid.gov and bteame@usaid.gov no later than the date and time indicated on the Cover Letter, as amended. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

3. General Content and Form of Application

For the purposes of this NOFO, the term "applicant" is used to refer to the legal entity or organization submitting the application. The application received by the deadline will be reviewed for responsiveness to the guidance set forth below, including, but not limited to, the application format. Applications that are incomplete or not directly responsive to the terms, conditions, and provisions of this NOFO may be eliminated from further consideration at the discretion of the Agreement Officer. Pre-applications, letters of intent, concept papers or white papers **are not required and will not be considered**.

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

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

- Name of the organization(s) submitting the application;
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
- Program name;

- Notice of Funding Opportunity number; and
- Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303.

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

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

Applications must comply with the following:

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

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

4. Application Submission Procedures

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the Cover Letter, as amended. Late applications may or may not be considered, at the discretion of the Agreement Officer. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time or confirmation from the receiving office/certified mail receipt.

Applications shall be submitted by email to caddis@usaid.gov and Tsegereda Gebremedhin at tgebremedhin@usaid.gov. Email submissions must include the NOFO number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line that states: "[NOFO number], [organization name], Cost Application, Part 1 of 2".

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

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

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

There may be a problem with the receipt of *.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Ethiopia cannot guarantee their acceptance by the Internet server. File size must not exceed 5 MB limit per email.

5. Technical Application Format

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

Specific guidance on each of the components of the Technical Application is provided below.

a. **Cover Page:** Not to exceed one (1) page. See Section D.3 above for requirements.

b. **Table of Contents:** Include major sections and page numbering to easily cross-reference and identify merit review criteria.

c. **Executive Summary:** Not to exceed two (2) pages. The Executive Summary must provide a high level overview of key elements of the Technical Application. This summary shall allow technical reviewers to quickly understand the proposed activities, goals, purposes and anticipated results and capabilities to accomplish the desired results, technical and managerial resources of the applicant's organization. The Executive Summary must summarize the key elements of the applicant's Technical Application, including, but not limited to, the technical approach, and any public-private partnerships, if applicable.

d. **Technical Application Body:** The Technical Application Body must not exceed thirty (30) pages and contain the main parts of the technical application and shall include the following sections:

i. Technical Approach
ii. Management Approach, Staffing Plan and Key Personnel
iii. Implementation and Monitoring, Evaluation and Learning Plans
iv. Organizational Capacity, Past Performance and Experience

The basic purpose of the Application Body is to provide the information necessary to allow USAID/Ethiopia to fairly and completely evaluate the application under each of the technical merit review criteria specified in Section V of this NOFO. Additional specified guidance for each Section of the Application Body is set forth below.

i. Technical Approach

The Technical Approach Section should include information sufficient to evaluate the application under the Technical Approach Criterion. This section should not exceed fifteen **(15)** pages.

The Technical Approach Section shall demonstrate a clear understanding of the objectives of the Activity and demonstrate a feasible and credible approach to achieve them. The Technical Approach Section shall demonstrate applicants' technical expertise (the "how") with respect to achieving the goal of this Activity. It shall be specific, complete and presented concisely. This Section must include, but not limited to, a discussion of the following issues:

- Objectives and specific aims articulated in the Technical Approach that will make a substantial and meaningful contribution to the NOFO objectives;
- Logical Framework and relevant texts demonstrate that the activity objectives are supported by the evidence for relationships between activities, outputs and purpose;
- The timeline and decision points in implementing the proposed activity as well as in achieving the results, outcomes and the expected impacts are clear and feasible;
- The results, outcomes and impacts of the proposed activities that build on or add to past and ongoing USAID programs and have clear implications and value for future programs.

ii. Management Approach, Staffing Plan, and Key Personnel

The Management Approach, Staffing and Key Personnel Section must include information sufficient to evaluate the application under the Management Approach, Staffing Plan, and Key

Personnel Criterion. This Section must not exceed seven (7) pages, and should include, but not limited to, a discussion of the following issues:

- The Applicant must include a clear management plan for the proposed activity including key personnel, sub-award structure, technical and administrative management oversight, strategic partnership and coordination with stakeholders, and oversight of design, development, key initiatives and capacity strengthening activities;
- Management and staffing plan narrative with an accompanying organizational chart (as an Annex) that illustrates the management structure of both full time and non-full time staff for prime and all subcontractors. The narrative should describe the roles, responsibilities and lines of authority of key personnel/staff, partners and subcontractors.
- Positions to be considered key personnel must be identified with a clear definition of roles. The skills, education, prior experience and expertise of the individuals who are proposed must be described in detail. Resumes, letters of commitment, and reference information are required for the key personnel, long and short term assignment.

  Five positions are considered essential for implementation of the activity. These Key Personnel positions are:

  1. Chief of Party (COP)
  2. Deputy Chief of Party (DCOP) and Technical Director
  3. Senior Human Resource (HR) Management Advisor
  4. Senior Pre-Service Education Advisor
  5. Monitoring, Evaluation and Learning (MEL) Advisor

1. Chief of Party (COP)

The COP will be based in the HQ Office (Addis Ababa). The COP will be responsible for the overall program leadership, management, and technical direction of staff and consultants, project activities such as implementation, monitoring, reporting and evaluation, and partner coordination. He/she will serve as key liaison with USAID, government counterparts, and local partners. The COP will manage and supervise the work of program personnel and subcontractors/subgrantees and ensure that all program assistance is technically sound and appropriate. He/she also oversees program work planning, performance management, and strategic communication. The COP will work at 100% level of effort (LOE) for years 1-5. The following requirements apply to this position:

- PhD or Master's in Public Health or related areas, with deep understanding and knowledge of the health systems, particularly the human resource for health education and management system of the country.

- At least 15 years of demonstrated experience managing operational, project management and administrative duties for U.S. Government–funded projects or other internationally funded programs.

2. DCOP and Technical Director

The DCOP and Technical Director will be based in the HQ Office (Addis Ababa). He/She will be responsible for providing managerial and operational guidance for the program. His/her primary responsibilities will be to ensure that the program functions in line with technical priorities of the GoE and in line with USG regulations. Thus he/she will need to work closely with the Technical Advisors, the Finance Officer, Operational Manager, and the COP. He/She will act as the COP in the COP's absence. The DCOP will work full time throughout the project. The following requirements apply to this position:

- Master's in Public Health or related areas, with deep understanding and knowledge of the health care system and human resource for health education system.
- At least 10 years of demonstrated experience managing operational, project management and administrative duties for U.S. Government–funded projects or other internationally funded programs.

3. Senior HR Management Advisor

The Sr. HR Management Advisor will be based in the HQ Office (Addis Ababa). He/She will be responsible for providing managerial and operational guidance for the program. His/her primary responsibilities will be to ensure the Human Resource Management practice is optimal with due attention to building the capacity of the newly recruited human resource managers at different levels of the health system. The Advisor will work full time throughout the project.

- Master's in Public Health or related areas, with deep understanding and knowledge of the health system.
- At least 7 years of demonstrated experience on human resource management, managing operational, project management or administrative duties for U.S. Government–funded projects or other internationally funded programs.

4. Senior Pre-Service Education Advisor

The Sr. Pre-Service Education Advisor will be based in the HQ Office (Addis Ababa). He/She will be responsible for ensuring the quality of pre-service education is optimal by

working with the relevant institutions responsible to monitor and improve quality of education. This Advisor will provide technical support to the Education Development Centers in the respective universities to ensure there is capacity and skill to perform Internal Quality Assurance. The Advisor will work full time throughout the years. The following requirements apply to this position:

- Master's in Public Health or related areas, with deep understanding and knowledge of the health system.
- At least 7 years of demonstrated experience on pre-service education quality improvement or related program in U.S. Government–funded projects or other internationally funded programs.

5. Monitoring, Evaluation and Learning (MEL) Advisor

The MEL Advisor will be based in the HQ Office (Addis Ababa). He/She will be responsible for providing technical assistance on research, monitoring and evaluation of HRH program at National, Regional and District Levels. The Advisor will also work with MOH, RHBs and Higher Education Institution (HEI) Managers to ensure MEL capacities are built at all levels of the HEI. The Advisor will work full time throughout the years. The following requirements apply to this position:

- Master's in Public Health or related areas, with deep understanding and knowledge of the health system.
- At least 7 years of demonstrated experience on MEL or related areas in U.S. Government–funded projects or other internationally funded programs.

In addition to the information authorized in this section, the following annexes relate to the review of the Management Approach, Staffing Plan and Key Personnel criterion are authorized:

i. An Organizational Chart that illustrates the management structure to be used to achieve the objectives of the Program;
ii. Resumes and letters of commitment for staff specifically identified in the application, with resumes and letters of commitment for the five key personnel position candidates being mandatory.
iii. Draft Grants Manual that outlines the competition process, selection criteria, types of grants to be utilized, the expected distribution of grants over the life of the award, the proposed distribution of the grants over the life of the award that aligns with the activities and milestones of the Health Financing Improvement Program, as well as all grants templates.

iii. Implementation and Monitoring, Evaluation & Learning Plans

The Implementation Plan must include planned activities for the respective year, planned expenditures, knowledge management plans, planned events, international travel, international meetings, research studies/protocols, training and other capacity building efforts, activity locations and beneficiary populations. It should also include the Schedule of Milestones from the beginning to the completion of the proposed activities, including all deliverables and plans for dissemination of reports and information. A Monitoring, Evaluation and Learning Plan, with the indicators and metrics/measurement arrangements also needs to be part of the Implementation Plan.

This section should not exceed five (5) pages, and should include, but not be limited to, a discussion of the following issues:

- A general description of the planned activities for the respective years and how the activities and sequencing of activities will effectively implement the technical approach proposed; and
- The Applicant's approach to ME&L and how it will establish an ME&L framework that addresses the need to refine theories of change over time.

In addition to the information authorized in this Section, the following annexes relate to the review of the Implementation and Monitoring, Evaluation and Learning Plans criterion are authorized:

- A Draft Year One Implementation Plan that addresses the planned activities and sequencing of activities consistent with the technical approach proposed and should clearly indicate the outcome of each intervention; this should include clearly articulated start up tasks, major interventions, knowledge planned events, international travel, international meetings, research studies/protocols, training and other capacity building efforts, activity locations and beneficiary populations and expected results for the first year. Applicants must include a notional (quarterly) outline for subsequent years that reflects proposed timing of phasing-in of major tasks and activities; and
- A Draft ME&L Plan, with indicators and clear and appropriate metrics/ measurement arrangements.

iv. Organizational Capacity Past Performance and Experience

This Section should include information sufficient to properly evaluate the application under the Organizational Capability, Past Performance and Experience criterion. This Section of the Technical Application should not exceed three (3) pages.

Applicants should discuss their capability and experience, and also that of any partner, and how that experience is relevant to successfully implementing this activity. Applicants should discuss their relevant capabilities and experience involving the program areas set forth in the Program Description, including, but not limited to, a discussion of their experience working on Health Workforce Improvement Programs in resource poor countries on relevant activities of comparable scale.

A description of the applicant's technical and administrative experience and capabilities in the proposed activity area must be included, such as experience in: the scientific/programmatic area, ability to critically assess products through the development process, collaborating with multiple stakeholders, developing research capacity in low- and middle-income countries, managing and implementing projects of similar technical scope and complexity. If sub-awards with other organizations are proposed, to the extent possible, pertinent aspects such as technical roles, management relationships, and levels of effort (LOE) of the organizations and individuals involved in the sub-award must be explicitly described.

The experience information shall provide past performance history and be included as part of the Technical Application, including narrative highlights, reference information, project summaries etc., and special requirements such as experience in the region or in specific technical areas.

In addition to the information authorized in this Section, the following annexes relate to the review of the Organizational Capacity Past Performance and Experience criterion are authorized:

- Partners Letters/Capabilities Statements; and
- Past Performance/Experience Reference Information.

e. ***Annexes:*** The following six annexes are authorized. No additional annexes and other supporting documentation will be reviewed and evaluated:

Annex 1 – Organizational Chart

This annex should consist of a chart showing the proposed organization for the Program; this chart should include, but is not limited to, a representation of the staff reporting lines and relationships between the different positions that fully illustrates the management structure of both full time and non-full time staff for the Recipient and all sub-recipients; it should be sufficient to illustrate the complete human resources needs necessary to achieve the objectives of this Program.

Annex 2 – Resumes/CVs & Letters of Commitment

This annex should include a complete and current resume/CV for each key personnel position, detailing the requisite qualifications and experience of the individual and references with contact information. Resumes may not exceed five (5) pages in length. Qualifications, experience and skills shall be placed in chronological order starting with most recent information. Each resume shall be accompanied with a commitment letter from each candidate indicating his or her: (a) availability to serve in the stated position, in terms of calendar days after the award; (b) intention to serve for the stated term of service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost application. Each resume shall include a minimum of three (3) references of professional contacts within the last five years; with complete current contact information, including email addresses and telephone numbers, for each proposed key personnel candidates. Resumes and letters of commitment may also be provided for other personnel identified in the Merit Review Application.

Annex 3 – Grants Manual

A Recipient will be requested for Grants Manual at the time of award. This annex should consist of a draft Grants Manual chart that outlines, at a minimum, the competition process, selection criteria, types of grants to be utilized, the expected distribution of grants over the life of the award, the proposed distribution of the grants over the life of the award that aligns with the activities and milestones of the Health Financing Improvement Program, as well as all grants templates. The Manual must describe, in detail, the full spectrum of the Recipient's grant management processes. The Agreement Officer's Representative (AOR) will be closely involved in the above process with the recipient and will provide input, review drafts, etc. Once the Grants Manual is approved by the AO, the AOR will have the authority to approve the grant recipient selection.

Annex 4 - Draft Year One Implementation Plan

This annex should set forth a draft implementation plan for year one of the activity that addresses the planned activities and sequencing of activities consistent with the technical approach proposed and should clearly indicate the outcome of each intervention; this should include clearly articulated start up tasks, major interventions, knowledge planned events, international travel, international meetings, research studies/protocols, training and other capacity building efforts, activity locations and beneficiary populations and expected results for the first year. Applicants must include a notional (quarterly) outline for subsequent years that reflects proposed timing of phasing-in of major tasks and activities.

Annex 5 – Five-Year Draft ME&L Plan

This annex should set forth a detailed results framework and indicator table for the five years of the activity. The format will be developed by the Applicant and should clearly include information sufficient to clearly indicate appropriate metrics and measurement information.

Annex 6 –Partners Letters/Capabilities Statements.

The Applicant may provide letters or memoranda of understanding from partners (sub-awardees or otherwise) signed by relevant officials indicating their commitment to collaboration (if applicable, i.e. if sub-awards are within the applicant's proposed management and implementation plan) and, if appropriate, specifying the expertise that the proposed partner will provide (if applicable). Other documents that state the capabilities of the Applicant's partners may also be included.

Annex 7 - Past Performance/Experience Reference Information

The Applicant shall provide reference information for itself and each major sub-awardee (one whose proposed cost exceeds 20% of the Applicant's total proposed cost) with respect to the following projects: (a) any projects discussed in the Experience Section and (b) the Applicant's five most-recently completed projects (contracts, task orders, cooperative agreements, grants, or other implementing mechanisms) that involved international development [if a project meeting this criteria is also discussed in the Experience Section of the Merit Review Application, then this list can be less than five]. For each project referenced, provide the following information:

a. Agreement, grant, contract, order or other identifying number;

b. Agency or entity providing the funding;
c. Description of the program or scope of work, including, but not limited to a brief discussion of the complexity/diversity of tasks;
d. Primary location(s) of program or work;
e. Period of performance;
f. Skills/expertise required;
g. Dollar/value;
h. Type of agreement, contract, order or grant, e.g. fixed-price or amount or cost; and
i. Contact information for two persons, including name, job title, mailing address, phone numbers and e-mail address.

(See Annex 3 of this NOFO for suggested format.)

USAID/Ethiopia reserves the right to verify the experience and past performance record of cited projects or other recent projects by reviewing Contractor Performance Assessment Reports (CPARs), other performance reports, or to interview cited references or other persons knowledgeable of the Applicant's performance on a particular project. USAID/Ethiopia may check any or all cited references to verify supplied information and/or to assess reference satisfaction with performance. The Agreement Officer may also consult other resources and references not provided by the applicant related to the applicant's past performance.

DO NOT SUBMIT: Promotional literature and materials regarding the Applicant as part of the annexes. Do not submit unsolicited material. Additional annexes will not be reviewed.

6. Business (Cost) Application Format

The Business (Cost) Application must be submitted separately from the Technical Application. While no page limit exists for the full cost application, applicants are encouraged to be as concise as possible while still providing the necessary details. The business (cost) application must illustrate the entire period of performance (60 months), using the budget format shown in the SF-424A.

In addition, the following information should be provided in the Cost Application.

(i) Guidelines:

- Budget should be stated in US Dollars and the USAID/Ethiopia support should total approximately **$39.5** million.
- Applicants should assume notification of an award as set forth in Section B.2.

(ii) Overall Budget:

An overall budget should be included in the Cost Application that provides, in detail to the individual line item, a breakdown of the costs anticipated. The types of costs should be organized based on the cost categories in the SF-424 budgets. All budgets shall include a worksheet

relating to the entire 60-month period and separate sheets for each 12 month program year [applicants can alternatively include one worksheet that includes the detailed cost breakdown per year and a 60-month summary].

(iii) Sub-Partner Budgets:

The budget shall include a summary and breakdown of the costs allocated to any sub-recipient or sub-contractor involved in the activity (unless the agreement or contract is on a fixed-amount basis). The applicant has the option of including separate sub-agreement or subcontract budgets.

Note: The recipient is expected to transfer up to 10% of its award to local partner(s) through sub-grant to carry out these activities.

(iv) Budget Notes:

Budget notes are required and must provide an accompanying narrative by line item which explains in detail the basis for how the individual line item costs were derived. The budget notes must be sufficient to ensure that USAID/Ethiopia can determine the purpose of every cost item proposed, as well as understand the basis for the cost estimate (units and unit cost).

The applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable.

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

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

(v) Line Item Costs:

The following Section provides guidance on line item costs.

1) **Personnel** - Direct salaries and wages should be proposed in accordance with the organization's personnel policies and must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services. The applicant's budget must include position title,

salary rate, level of effort, and salary escalation factors for each position. Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative. The Budget Narrative must demonstrate that the proposed compensation is reasonable for the services rendered and consistent with what is paid for similar work in other activities of the applicant. Any proposed salary increase [initial or annual] must be sufficiently justified and supported with the organization's personnel policies. Applicants must provide their established written policies on personnel compensation. If the applicant's written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and supporting market research.

Fringe Benefits – If the organization has a fringe benefit rate that has been approved by an agency of the Government, such rate should be used and evidence of its approval should be provided. If a fringe benefit rate has not been so approved, the application should propose a rate and explain how the rate was determined. If the latter is used, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers compensation, health and life insurance, retirement) and the costs of each, expressed in dollars and as a percentage of salaries.

2) **Travel and Transportation**- Provide details to explain the purpose of the trips, the number of trips, domestic and international, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the applicant's normal travel policies (applicants may however choose to refer to the Federal Standardized Travel Regulations for cost estimates). When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

3) **Equipment -** Vehicles, capital equipment like generators, lab equipment, etc. will be estimated in this budget. Must include information on estimated types of equipment, models, and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.

4) **Supplies –** This category includes items like computers, office furniture, printer/copier, projector, server, etc. The application should indicate the supplies, and their value, that are required to run the Office in Addis Ababa and 3 offices in the region. The Budget Narrative must include the purpose of the supplies and the basis for the estimates.

5) **Contractual –** General Program Activities, consultants and sub-grants will be estimated in this category. Specify the budget for the portion of the program to be passed through to any subrecipients. See 2 CFR 200.330 for assistance in determining whether the sub-tier entity is a subrecipient or contractor. The subrecipient budgets must align with the same

requirements as the applicant's budget, including those related to fringe and indirect costs.

6) **Other Direct Costs**- This includes communications, report preparation costs, passports and visas fees, medical exams and inoculations, insurance (other than insurance included in the applicant's fringe benefits), equipment (procurement plan for commodities), office rent abroad, branding/marking supplies, etc. The narrative should provide a breakdown and support for all and each other direct costs.

7) **Indirect Costs**- Local/ regional or other organizations that do not have a Negotiated Indirect Cost Rate Agreement (NICRA) letter with any US Government, these organizations should exclude all indirect costs from the cost estimate and instead use the de minimis rate of 10% of modified total direct costs as specified in 2 CFR 200.414(f) if appropriate. Otherwise shared costs should be treated as direct and a basis for the allocation should be provided. USAID is under no obligation to approve the applicant's requested method.

Seminars and Conferences - The application should indicate the subject, venue, and duration of proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs.

Foreign Government Delegations to International Conferences- Funds in this agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees, or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences or as approved by the AOR [http://www.info.usaid.gov/pubs/ads/300/refindx3.htm].

Training Costs - If there are any training costs to be charged to this Agreement, they must be clearly identified.

Audit Fees - If the applicant proposes expending more than $300,000 of USAID funding during a single fiscal year of the applicant, the applicant must include funds within the budget to contract an audit, with the Statement of Work approved by USAID. Any sub awards for more than $300,000 per year or $750,000 in total are required to be audited.

(vi) Joint Venture:

In the case of an application where the entity receiving the award is a joint venture, partnership or some other type of group where the proposed applicant is not a legal entity, the Cost Application must include a copy of the legal relationship between the prime applicant and its

partners. The application document should include a full discussion of the relationship between the applicant and its partners, including identification of the applicant with which USAID will directly engage for purposes of Agreement administration, the identity of the applicant which will have accounting responsibility, how Agreement effort will be allocated and the express Agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

(vii) Financial Reporting:

The Cost Application should describe headquarters and field procedures for financial reporting. Discuss the management information procedure you will employ to ensure accountability for the use of U.S. Government funds. Describe program budgeting, financial, and related program reporting procedures.

(viii) Financial Commitments:

Indicate if financial commitments were made among partners during the preparation of the application. Budgets shall indicate the amounts committed to each member of the team. Letters of commitments from partners may be included in an annex in the Merit Review Application.

(ix) Financial and Management Status Information:

If requested by USAID after submission of applications, please provide information on the Applicant's financial and management status, including:

A. Audited financial statements for the past three years;
B. Organization chart, by-laws, constitution, and articles of incorporation, if applicable; and
C. If the applicant has made a certification to USAID that its personnel, procurement and travel policies are compliant with applicable OMB circular and other applicable USAID and Federal regulations, a copy of the certification should be included with the application. If the certification has not been made to USAID/Washington, the applicant should submit a copy of its personnel (especially regarding salary and wage scales, merit increases, promotions, leave, differentials, etc.), travel and procurement policies, and indicate whether personnel and travel policies and procedures have been reviewed and approved by any agency of the Federal Government. If so, provide the name, address, and phone number of the cognizant reviewing official.

(x) Accounting System Approval:

If applicable, approval of the organization's accounting system by a U. S. Government agency including the name, addresses, and telephone number of the cognizant auditor.

(xi) Resources and Capacity:

The Cost Application should also address the applicant's resources and capacity in the following areas in narrative form:

1. Have 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 agreement conditions, considering all existing prospective recipient commitments both nongovernmental and governmental;
3. Has a satisfactory record of performance. Generally, relevant unsatisfactory performance in the past is enough to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance or the applicant has taken adequate corrective measures to assure that it will be able to perform its functions satisfactorily;
4. Has a satisfactory record and business ethics; and
5. Is otherwise qualified to receive an award under applicable laws and regulations.

(xii) Risk Assessment:

If requested by USAID after submission of applications, the Applicant shall provide any additional information relating to risk assessment considered necessary in order for the Agreement Officer to evaluate risk. Please note that a positive risk assessment is a requirement for award, and all organizations will be subject to a review to verify the information provided and substantiate the determination, including, but not limited to, checking references and, possibly, a pre-award survey.

(xiii) Cost Sharing:

Cost Sharing is not required for this activity, though it is encouraged and the use of cost share funds may lead to a program with greater impact.

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

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

b) SF 424 Form(s)

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

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

Failure to accurately complete these forms could result in the rejection of the application. The program described in Section I above includes non-construction elements. Therefore, these mandatory forms for non-construction programs must be completed. Costs to non-construction activities should be included on the SF-424A.

c) Required Certifications and Assurances

The applicant must complete the following documents and submit a signed copy with their application:

(1) "Certifications, Assurances, Representations, and Other Statements of the Recipient" document found at http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf including:

(i) Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs (This assurance applies to Non-U.S. organizations, if any part of the program will be undertaken in the U.S.);
(ii) Certification on Lobbying;
(iii) Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206, Prohibition of Assistance to Drug Traffickers);
(iv) Certification Regarding Terrorist Financing Implementing Executive Order 13224;
(v) Certification Regarding Trafficking in Persons, Implementing Title XVII of the National Defense Authorization Act for Fiscal Year 2013; and
(vi) Certification of Recipient.

(2) Assurances for Non-Construction Programs (SF-424B)
(3) Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).
(4) Other certifications and statements found in ADS 303mav, Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provisions including:

(i) A signed copy of the Survey on Ensuring Equal Opportunity for Applicants;
(ii) Representation by Organization regarding a Delinquent Tax Liability or Felony Criminal Conviction; and
(iii) Other Statements of Recipients.

d) Prior Approvals in accordance with 2 CFR 200.407

Inclusion of an item of cost in the detailed application budget does not satisfy any requirements for prior approval by the Agency. If the applicant would like the award to reflect approval of any cost elements for which prior written approval is specifically required for allowability, the applicant must specify and justify that cost. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

e) Approval of Subawards

The applicant must submit information for all subawards that it wishes to have approved at the time of award. For each proposed subaward the applicant must provide the following:

- Name of organization
- DUNS Number
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.331(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

e) Dun and Bradstreet and SAM Requirements

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

1. Provide a valid DUNS number for the applicant and all proposed sub-recipients;
2. Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient (www.sam.gov).

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

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

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

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

Sub recipients must be registered in DUNS but not in SAM.

f) History of Performance

The applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, not to exceed 5 years, as indicated on Annex 3:

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

g) Branding Strategy & Marking Plan

Pursuant to ADS 303.3.6.2.f and ADS 320.3.1.2, the apparently successful applicant will be requested to submit a Branding Strategy and Marking Plan that will have to be successfully negotiated before a cooperative agreement will be awarded. These plans shall be prepared in accordance with the guidance in ADS 320.3.1.2, 2 CFR 700.16 and the references therein.
Please note that the Branding Strategy and Marking Plan shall not be included with the original application but shall be provided only after a written request of the Agreement Officer. Cost of Branding and Marking should be included in cost application.

USAID/Ethiopia does not intend to make an award without an approved Branding Strategy and Marking Plan. ADS Chapter 320 sections concerning "assistance" apply to this NOFO. ADS Chapter 320 sections concerning "acquisition" do not apply to this NOFO. ADS Chapter 320 can be found on the USAID website: http://www.usaid.gov/policy/ads/300/320.

h) Funding Restrictions

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.330 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

Construction is not authorized under this award. If specific construction activity is approved by the Agreement Officer, the following conditions apply.

1. No construction activities other than those included in an approved implementation plan or amendment thereto may be performed as part of the cooperative agreement;
2. The costs related to construction activities must be incorporated into the budget of the award.
3. A construction activity at a single site must not exceed $500,000.
4. The total cost of construction must not exceed $10,000,000.
5. Where construction activities are financed, the Recipient is encouraged to use fixed price contracts to the extent practicable;

USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the Agreement Officer. Except as may be specifically approved in advance by the AO, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in Section B.4 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

i) Conflict of Interest Pre-Award Term

a. Personal Conflict of Interest

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or recipient employee.

2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

b. Organizational Conflict of Interest

The applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the applicant with an unfair competitive advantage in competing for this financial assistance award. Examples of an unfair competitive advantage include but are not limited to situations in which an applicant or the applicant's employee gained access to non-

public information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

j) Hard copies requirement

1. Submission, Marking and Copies

It would be greatly appreciated if Applicants would also provide one (1) original and two (2) hard copies of the technical application and one (1) original and two (2) hard copies of the cost application, with the goal that these hard copies will be received within three (3) days of the closing date for receipt of applications electronically; please note that lateness of the applications under Section IV.D above will be determined by the electronic submission, not the submission of hard copies.

The outside of the envelope/package must include the following information:

- Due date and time of the application package
- NOFO number
- Name of the USAID POC
- Name and address of the applicant

2. Addresses

Courtesy hard copies should be provided to the following address:

U.S. Agency for International Development
Attn.: Tsegereda Gebremedhin, Acquisition & Assistance Specialist
Office of Acquisition and Assistance
United States Embassy Compound
Entoto Street
P.O. Box 1014
Addis Ababa, Ethiopia

Telegraphic or faxed applications are not authorized for this NOFO and will not be accepted.

SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

The merit review criteria prescribed here are tailored to the requirements of this particular NOFO. Applicants should note that these criteria serve to: (a) identify the significant matters which the applicants should address in their applications, and (b) set the standard against which all applications will be evaluated.

The following criteria will be evaluated. The Selection Committee (SC) will evaluate the various components of the application set forth below in descending order of importance.

a. Technical Approach;
b. Management Approach, Staffing Plan and Key Personnel;
c. Implementation and Monitoring, Evaluation and Learning Plans; and
d. Organizational Capacity, Past performance and Experience

2. Review and Selection Process

The required format and content for the application are described in Section D. Applications will be evaluated in accordance with the merit review criteria set forth above by a Selection Committee comprised of USAID employees, other U.S. Government representatives, and/or host country experts.

Prior to negotiating an actual award, the Agreement Officer will review the apparently successful applicant's budget to ensure that costs are in compliance with OMB's and USAID's policies. The costs proposed must be determined to be reasonable, based on the Cost Application and other information, before award can be made.

Award will be made to the responsible applicant whose application is determined to be the best based on technical and cost factors specified in this NOFO. The Agreement Officer must also evaluate risk of the apparently successful applicant and is charged with the final determination of whether to make an award to the apparently successful applicant. Among other issues, the apparently successful applicant's history of performance will be reviewed using the reference information contained in the Technical Application and Cost Application, along with any other information deemed relevant by the Agreement Officer and/or Selection Committee.

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.

a) Guidance on Merit Review Criteria

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

a. Technical Approach (Most Important)

The Technical Approach criterion will be evaluated in terms of overall quality and the extent to which the proposed technical approach demonstrates a clear understanding of the objectives of the program and a convincing approach to achieve the expected results. This includes the following considerations:

- How well the application demonstrates an understanding of the objectives of the program and a convincing approach to expected results, including effective professional and institutional capacity development for strengthening healthcare workforce activity;
- How well the Logical Framework and relevant text demonstrate the activity objectives. Whether this is supported by evidence for relationships between activities, outputs, and purpose;
- Realistic timeline and decision points to achieve the results, outcomes, and how well the expected impacts are clear and feasible;
- Strength of the proposed approach and activities in building on or adding to achieved results of past and ongoing USAID activities and have a clear implications and value for future activities.

b. Management Approach, Staffing Plan and Key Personnel (Second most Important)

The Management Approach, Staffing and Key Personnel Criterion will be evaluated for the overall quality and responsiveness of the management plan and approach to achieve program objectives and how fit are the proposed Key Personnel. This includes the following considerations:

- The extent to which the proposed management approach shows a clear management and line of communications between key personnel, sub-awardees, and technical and administrative management oversight;
- How effective and efficient is the proposed partnership and coordination with stakeholders clear oversight of key initiatives and capacity strengthening activities;
- How clear is the management and staffing plan, the organizational chart that shows line of authority and line of communications with partners; the narrative that clearly describe the roles, responsibilities and lines of authority of key personnel/staff.
- The extent to which key personnel possess the requisite qualifications, skills, competencies, experiences in leading relevant activities; and
- The effectiveness and efficiency of the proposed overall staffing plan, such that personnel possess the full range of experience, skill, and expertise required to successfully implement the Activity.

c. Implementation and Monitoring, Evaluation and Learning Plans (Third Most Important)

The Implementation and ME&L Plans Criterion will be evaluated for the strength, workability, and completeness of the Implementation and ME&L plans. This includes the following considerations:

Effectiveness and relevancy of the suggested activities, processes and their outputs/outcomes;

- The realism of the timeline and decision points to achieve the results, outcomes;
- Appropriateness of the suggested list of objectively verifiable indicators;
- Effectiveness of the means and frequency of verification for the performance and outputs/outcomes of the activities described in the ME&L plan.
- The extent to which the ME&L Plan serves as a valuable tool for measuring the achievement of objectives, and for finding ways to improve integration of cross cutting issues, as well as the extent to which the ME&L plan has a feedback mechanism that leads to learning from experience and adaptation as appropriate to ensure that it meets the agreed up on targets for the results, outcomes, and outputs.

d. Organizational Capacity, Past performance and Experience (Least Important)

The Organizational Capability and Experience Criterion will be evaluated on the existing capacity of the applicant and its major sub-recipients as demonstrated by its actual experience in providing similar programs and activities. Specifically, experience in the following areas will be considered:

- Strength and relevancy of demonstrated experience in the technical areas set forth in the Program Description, including, implementing and managing Healthcare Workforce service delivery;
- Demonstrated successful experience in managing a project of similar size and complexity;
- Demonstrated experience working on Health Workforce management in resource poor countries on relevant activities of comparable scale; and
- Experience working in the Africa region, including, but not limited to Ethiopia.

The extent to which the applicant and its teaming partners, if any, demonstrate successful Past performance in achieving the results on similar programs in the areas of:

- Quality of performance - as defined in contract/agreement standards;
- Cost performance - how close to cost estimates and how good in cost control;
- Schedule performance - timeliness of completion of interim and final milestones.
- Business relations - history of professional behavior and overall business-like concern for the interests of the customer, including timely completion of all administrative requirements and customer satisfaction.

b) Business Review

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

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; (3) whether the recipient complied with the "transfer up to 10% of its award to local partner(s) through sub-grant to carry out these activities" requirement; and (4) whether any special conditions relating to costs should be included in the award.

Proposed cost share, if provided, will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

The AO will perform a risk assessment (2 CFR 200.205). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective recipient has the necessary organizational, experience, accounting and operational controls, financial resources, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with "specific conditions" (2 CFR 200.207).

c) Co-creation

To build self-reliance and ensure host-country buy-in and ownership of the health workforce improvement interventions, USAID will use a co-creation approach. Once applications are reviewed and apparently successful applicant (ASA) is identified, USAID will convene a co-creation workshop with the ASA and its consortium partners, Government of Ethiopia partners (Ministry of Health, Ministry of Science and Higher Education, and Regional Health Bureaus) to jointly design the final program description and implementation plan.

The apparently successful applicant may be requested to prepare and submit the "Program Description" to be incorporated into the resulting Cooperative Agreement for USAID's review and acceptance.

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

Award of the agreement contemplated by this NOFO cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award.

The Cooperative Agreement signed by the Agreement Officer is the authorizing document, which shall be transmitted to the Recipient for countersignature to the authorized agent of the successful organization electronically, to be followed by original copies for execution.

Notification will also be made electronically to unsuccessful applicants pursuant to ADS 303.3.7.1.b. USAID/Ethiopia will consider requests for additional information pursuant to ADS 303.3.7.2.

2. Administrative & National Policy Requirements

The resulting award from this NOFO will be administered in accordance with the following. No deviations are currently contemplated to the standard provisions for the cooperative agreement contemplated by this NOFO. The standard provisions to be used will be the Mandatory Standard Provisions for U.S. Nongovernmental Recipients or the Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients (other types of provisions may be used if other types of eligible organizations are selected for award).

The following regulations and policies are expected to govern award administration.

- For U.S. organizations, ADS 303, 2 CFR 700, 2 CFR 200 and the *Standard Provisions for U.S. Nongovernmental Recipients* will be applicable.
- For non-U.S. organizations, the *Standard Provisions for Non-U.S., Nongovernmental Recipients* will apply. While 2CFR 200 does not directly apply to non-U.S. applicants, the Agreement Officer will use the standards of 2CFR 200 in the administration of the award.

These documents may be accessed through the internet as follows:

- 2 CFR 200: http://www.ecfr.gov/cgi-bin/text-idx?SID=058338fa3254c782718e94843a3e4e09&node=pt2.1.200&rgn=div5
- Standard Provisions for U.S., Nongovernmental Recipients: http://www.usaid.gov/policy/ads/300/303maa.pdf
- Standard Provisions for Non-U.S., Nongovernmental Recipients: http://www.usaid.gov/policy/ads/300/303mab.pdf

See Annex 2 for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

3. Reporting Requirements

The Recipient shall be responsible to USAID/Ethiopia for all matters related to the execution of the agreement. Specifically, the Recipient shall report to the Agreement Officer (AO) and to the Agreement Officer's Representative (AOR), who will be designated by the AO prior to award.

The Recipient will be expected to provide the following reports. All approved quarterly, annual reports, implementation plans, ME&L plans, and technical reports shall be posted to the Development Experience Clearinghouse (DEC) as appropriate.

a. Implementation Plans

The Recipient will have submitted a draft year one implementation plan with the application. The Recipient will work closely with the AOR to finalize the year one implementation plan. The final version of year one implementation plan will be due within the first 90 calendar days of the Cooperative Agreement.

Thirty (30) calendar days before the beginning of each subsequent fiscal year, the Recipient will submit annual implementation plans. The annual implementation plan for each fiscal year will be finalized in consultation with USAID/Ethiopia with approval by the Agreement Officer's Representative. If during the course of implementation, the Recipient wishes to make changes to the plan, the Recipient must submit the requested changes in writing for technical review. The Implementation Plan will be consistent with the guidance in the Program Description above.

b. Monitoring, Evaluation and Learning Plan

The Recipient will have submitted a draft life-of-project ME&L Plan with the application. The Recipient will work closely with the AOR to establish indicators, as well as baseline data and performance targets for each indicator and to finalize the plan. The final version of the ME&L Plan is due within the first 90 calendar days of the Cooperative Agreement.

Thirty (30) calendar days before the beginning of each subsequent fiscal year, the Recipient will submit an update to the ME&L Plan. The update for the ME&L Plan for each fiscal year will be finalized in consultation with USAID/Ethiopia's Health Office with approval by the AOR. If during the course of implementation, the Recipient wishes to make changes to the plan, the Recipient must submit the requested changes in writing for technical review.

c. Quarterly Progress and Financial Reports

The Recipient will submit separate Quarterly Progress and Financial reports to USAID/Ethiopia within 30 calendar days after the end of each quarter of the fiscal year during the performance period. The Quarterly Progress reports shall include the following information: i) a summary of activities and key achievements; ii) describe progress made during the reporting period actual achievements of the quarter; and iii) assess overall progress to date against: performance indicators agreed upon, and the planned outputs for the quarter in the annual implementation plan. The progress report should also highlight key accomplishments and any issues that are

affecting the timing of HWIP interventions, steps being taken or proposals being made to resolve issues, plans and intended outputs for the following quarter.

d. Geographic Information Systems (GIS)

USAID/Ethiopia is in the process of building internal capacity to manage GIS-related information within the Mission to support greater utilization of GIS tools among implementing partners, promote coordination among stakeholders, and to share information about USAID-funded activities, their impact in Ethiopia, as well as relevant data about the country. As defined in the USAID Policy Framework (2011-2015), USAID is committed to strategically allocating resources through geographically targeting aid investments, monitoring & evaluating overall aid effectiveness, and upholding the Agency's open data and transparency goals. Utilizing GIS technology, geographic data, and analysis is essential to effectively achieving these objectives.

The Recipient should apply geospatial methods using GIS technology to support USAID's effort to incorporate geographic data and analysis into USAID's overall development planning, design, and monitoring & evaluation. Geographic data collection, analysis, and submission methods should be included in ME&L and the work plan. When geographic data is acquired through data use or ownership agreements with the host-country government or other entity, the Recipient must ensure that the agreement makes it permissible for the geographic data to be submitted to, and used by, USAID and other U.S. Embassy agencies. USAID/Ethiopia does not expect that overly elaborate or costly methods of collecting GIS data is necessary and will work with the Recipient to ensure that this information is provided in the least burdensome and expensive effective manner.

e. Annual Technical Performance Reporting

The Recipient shall submit an original and two copies of a performance report to the AOR. Annual performance reports are due 60 calendar days after the reporting period. The first annual report will cover the 12 months period following the signature of the cooperative agreement. Subsequent reports will cover the next 12 month periods. At a minimum, Annual Performance Reports shall contain the information listed below:

a) Success stories for each project component;
b) A summary of the actual activities and results during the reporting period compared with the plan established for the reporting period;
c) An explanation of why results were surpassed or were not achieved and why activities were delayed or not carried out during the reporting period. Indicate corrective actions taken or a plan to ameliorate or change performance if appropriate. For each corrective action, the Recipient will designate responsible parties and establish a timeframe for completion;
d) Information on accrued expenditures to date; and
e) A listing of all sub-agreements, including a scope of work with detailed descriptions of the related program, in which the Recipient is engaged during the annual reporting period.

The AOR will acknowledge receipt of all Annual Performance Reports and will provide verbal or written feedback within 30 calendar days after receipt of the report. If the AOR deems it necessary, there will be a meeting with the Recipient to discuss the contents of the Annual Performance Report.

Upon receiving AOR approval, the approved Annual Report shall be submitted to the USAID's DEC. A copy of all annual reports should be provided to the relevant Office/Directorate within the Federal Ministry of Health of Ethiopia.

f. ***Final Report***

The Final Report will cover the entire period of the award. The Recipient shall submit a draft of the final report to the AOR within 90 calendar days following the estimated completion date of the cooperative agreement. The Recipient shall submit to the AO and the AOR and to one of the following:

- Via E-mail: DocSubmit@usaid.gov;
- Via Fax: (202)216 -3515; or
- Online: http://dec.usaid.gov.

This Final Report will include the following information:

a) A description of the cumulative results achieved;
b) An assessment of the impact of the program, including a summary of lessons learned, and any particularly important success stories; and
c) A summary of progress made in achieving indicator targets from the M&E plan (based on valid data collection and analysis).

Upon receiving AOR approval, the approved Final Report shall be submitted to the relevant Office/Directorate within the Federal Ministry of Health of Ethiopia.

The reports described above are in addition to any financial or performance reporting otherwise required under the standard provisions of the Agreement. Copies of all required financial reports will be submitted to the AOR.

4. Close out Plan

The Recipient will be requested to provide a closeout plan for all activities (administration, information, finance, procurement and management) for review and approval, no less than 90 calendar days before the end date of the Cooperative Agreement.

5. Submission to the Development Experience Clearinghouse and Publications

Per ADS 540.3.2.3, documents and development assistance activity descriptions produced or funded with USAID resources and created in support of Intellectual Work must be submitted for

inclusion in the DEC. The recipient must provide the AOR one copy of any Intellectual Work that is published, and a list of any Intellectual Work that is not published.

In addition, the recipient must submit Intellectual Work, whether published or not, to the DEC, either on-line (preferred) or by mail. The recipient must review the DEC Web site for submission instructions, including document formatting and the types of documents to submit. Submission instructions can be found at: http://dec.usaid.gov. For purposes of submissions to the DEC, Intellectual Work includes all works that document the implementation, evaluation, and results of international development assistance activities developed or acquired under this award, which may include program and communications materials, evaluations and assessments, information products, research and technical reports, progress and performance reports required under this award (excluding administrative financial information), and other reports, articles and papers prepared by the recipient under the award, whether published or not. The term does not include the recipient's information that is incidental to award administration, such as financial, administrative, cost or pricing, or management information.

Each document submitted should contain essential bibliographic information, such as 1) descriptive title; 2) author(s) name; 3) award number; 4) sponsoring USAID office; 5) development objective; and 6) date of publication.

The recipient must not submit to the DEC any financially sensitive information or personally identifiable information, such as social security numbers, home addresses and dates of birth. Such information must be removed prior to submission. The recipient must not submit classified documents to the DEC.

In the event award funds are used to underwrite the cost of publishing, in lieu of the publisher assuming this cost as is the normal practice, any profits or royalties up to the amount of such cost must be credited to the award unless the schedule of the award has identified the profits or royalties as program income.

6. Environmental Compliance

Although the Health Financing Improvement Program is a follow-on activity, the program description has been revised. Therefore, it required having an activity level IEE. The Mission Environmental Officer, after review of the program description, has made a determination for Categorical Exclusion Request which is currently under processing for concurrence of the Bureau Environmental Officer (BEO) before the award. No activity funded under this Cooperative Agreement will be implemented unless the impending Categorical Exclusion Request is cleared and approved by the BEO.

The amended IEE for this activity will be shared with the apparently successful applicant at a later stage.

a. General

a. 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://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. The Recipient's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this Request for Applications.
b. In addition, the contractor/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.
c. No activity funded under this Grant 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.")

b. Implementation Plans

a. As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the AOR and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this grant to determine if they are within the scope of the approved Regulation 216 environmental documentation.
b. 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.
c. 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.

7. Program Income

Program income is not expected to be generated under this award. However, any program income generated under this award will be used to reduce the Federal award and non-federal entity contributions rather than to increase the funds committed to the activity in accordance with 2 CFR 200.307.

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

Points of Contact:

Any questions regarding this NOFO may be addressed to:

caddis@usaid.gov with a copy to

1. Tsegereda Gebremedhin
   Acquisition and Assistance Specialist
   Email: tgebremedhin@usaid.gov
   USAID/Ethiopia
   Addis Ababa, Ethiopia

2. Belay Teame
   Acquisition and Assistance Specialist
   Email: bteame@usaid.gov
   USAID/Ethiopia
   Addis Ababa, Ethiopia

SECTION H: OTHER INFORMATION

USAID reserves the right to fund any or none of the applications submitted. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. Any award and subsequent incremental funding will be subject to the availability of funds and continued relevance to Agency programming.

H.1 Applications with Proprietary Data

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

> "This application includes data that must not be disclosed duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, an award is made as a result of – or in connection with – the submission of this data, the U.S. Government will have the right to duplicate, use, or disclose the data to the extent provided in the resulting award. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers}."

Additionally, the applicant must mark each sheet of data it wishes to restrict with the following:

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

The following additional information is provided in this Section:

H.2 SUBMISSION OF DATASETS TO THE DEVELOPMENT DATA LIBRARY (OCTOBER 2014)

a. Definitions. For the purpose of submissions to the DDL:

(1) "Dataset" is an organized collection of structured data, including data contained in spreadsheets, whether presented in tabular or non-tabular form. For example, a Dataset may represent a single spreadsheet, an extensible mark-up language (XML) file, a geospatial data file, or an organized collection of these. This requirement does not apply to aggregated performance reporting data that the recipient submits directly to a USAID portfolio management system or to unstructured data, such as email messages, PDF files, PowerPoint presentations, word processing documents, photos and graphic images, audio files, collaboration software, and instant messages. Neither does the requirement apply to the recipient's information that is incidental to award administration, such as financial, administrative, cost or pricing, or management information. Datasets submitted to the DDL will generally be those generated with USAID resources and created in support of Intellectual Work that is uploaded to the Development Experience Clearinghouse (DEC) (See M21. SUBMISSIONS TO THE DEVELOPMENT EXPERIENCE CLEARINGHOUSE AND PUBLICATIONS (JUNE 2012).

(2) "Intellectual Work" includes all works that document the implementation, monitoring, evaluation, and results of international development assistance activities developed or acquired under this award, which may include program and communications materials, evaluations and assessments, information products, research and technical reports, progress and performance reports required under this award (excluding administrative financial information), and other reports, articles and papers prepared by the recipient under the award, whether published or not. The term does not include the recipient's information that is incidental to award administration, such as financial, administrative, cost or pricing, or management information.

b. Submissions to the Development Data Library (DDL)

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

(2) Unless otherwise directed by the Agreement Officer (AO) or the Agreement Officer Representative (AOR), the recipient must submit the Dataset and supporting documentation to the DDL within thirty (30) calendar days after the Dataset is first used to produce an Intellectual Work or is of sufficient quality to produce an Intellectual Work. Within thirty (30) calendar days after award completion, the recipient must submit to the DDL any Datasets and supporting documentation that have not previously been submitted to the DDL, along with an index of all Datasets and Intellectual Work created or obtained under the award. The recipient must also provide to the AOR an itemized list of any and all DDL submissions.

The recipient is not required to submit the data to the DDL, when, in accordance with the terms and conditions of this award, Datasets containing results of federally funded scientific research are submitted to a publicly accessible research database. However, the recipient must submit a notice to the DDL by following the instructions at www.usaid.gov/data, with a copy to the agreement officer representative, providing details on where and how to access the data. The direct results of federally funded scientific research must be reported no later than when the data are ready to be submitted to a peer-reviewed journal for publication, or no later than five calendar days prior to the conclusion of the award, whichever occurs earlier.

(3) The recipient must submit the Datasets following the submission instructions and acceptable formats found at www.usaid.gov/data.

(4) The recipient must ensure that any Dataset submitted to the DDL does not contain any proprietary or personally identifiable information, such as social security numbers, home addresses, and dates of birth. Such information must be removed prior to submission.

(5) The recipient must not submit classified data to the DDL.

(END OF PROVISION)

H.3 PROHIBITION ON PROVIDING FEDERAL ASSISTANCE TO ENTITIES THAT REQUIRE CERTAIN INTERNAL CONFIDENTIALITY AGREEMENTS - REPRESENTATION (May 2017)

(a) Definitions. "Contract" has the meaning given in 2 CFR Part 200.

"Contractor" means an entity that receives a contract as defined in 2 CFR Part 200.
"Internal confidentiality agreement or statement" means a confidentiality agreement or any other written statement that the recipient requires any of its employees or subrecipients to sign regarding nondisclosure of recipient information, except that it does not include confidentiality agreements arising out of civil litigation or confidentiality agreements that recipient employees or subrecipients sign at the behest of a Federal agency.
"Subaward" has the meaning given in 2 CFR Part 200.
"Subrecipient" has the meaning given in 2 CFR Part 200.

(b) In accordance with section 743 of Division E, Title VII, of the Consolidated and Further Continuing Appropriations Act, 2015 (Pub. L. 113-235) and its successor provisions in subsequent appropriations acts (and as extended in continuing resolutions), Government agencies are not permitted to use funds appropriated (or otherwise made available) for federal assistance to a non-Federal entity that requires its employees, subrecipients, or contractors seeking to report waste, fraud, or abuse to sign internal confidentiality agreements or statements that prohibit or otherwise restrict its employees, subrecipients, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(c) The prohibition in paragraph (b) of this provision does not contravene requirements applicable to Standard Form 312, (Classified Information Nondisclosure Agreement), Form 4414 (Sensitive Compartmented Information Nondisclosure Agreement), or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

(d) Representation. By submission of its application, the prospective recipient represents that it will not require its employees, subrecipients, or contractors to sign or comply with internal confidentiality agreements or statements prohibiting or otherwise restricting its employees, subrecipients, or contractors from lawfully reporting waste, fraud, or abuse related to the performance of a Federal award to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information (for example, the Agency Office of the Inspector General).

(END OF PROVISION)

ANNEXES

List of Annexes

The following documents are included as Annexes to the NOFO to provide additional information to the prospective applicants.

Annex 1 _ Summary Budget Template

Annex 2 _ Standard Provisions

Annex 3 – Past Performance Information to be completed by the Applicant

Annex 4 _ List of supplemental documents to be provided with NOFO

Annex 5 _ Abbreviations and Acronyms

ANNEX 1 - SUMMARY BUDGET FORMAT

Cost Categories	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total All Years**
Personnel						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual (Program Implementation)						
Other Direct Costs						
Total Direct Charges						
Indirect Charges						
TOTALS –						**39.5 Million**

ANNEX 2 - STANDARD PROVISIONS

https://www.usaid.gov/ads/policy/300/303maa and https://www.usaid.gov/ads/policy/300/303mab. The actual Standard Provisions included in the award will be dependent on the organization that is selected. The award will include the latest Mandatory Provisions for either U.S. or non-U.S. Nongovernmental organizations**.** The award will also contain the following "required as applicable" Standard Provisions:

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

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

		PRACTICE OF PROSTITUTION (JUNE 2012)
X		RAA22. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
X		RAA23. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
	X	RAA24. PATENT REPORTING PROCEDURES (DECEMBER 2014)
	X	RAA25. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
X		RAA26. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
X		RAA27. AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
X		RAA28. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

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

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (DECEMBER 2014)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (DECEMBER 2014)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
X		RAA5. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
X		RAA6. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
X		RAA7. SUBAWARDS (DECEMBER 2014)
X		RAA8. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
X		RAA9. OCEAN SHIPMENT OF GOODS (JUNE 2012)
X		RAA10. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
X		RAA11. PATENT RIGHTS (JUNE 2012)
X		RAA12. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
	X	RAA13. INVESTMENT PROMOTION (NOVEMBER 2003)
X		RAA 14. COST SHARE (JUNE 2012)
	X	RAA15. PROGRAM INCOME (DECEMBER 2014)
X		RAA16. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	X	RAA17. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	X	RAA18. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)

	X	RAA19. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA20. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA21. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
	X	RAA22. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
X		RAA23. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
X		RAA24. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
X		RAA25. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
X		RAA26. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
X		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
X		RAA28. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
X		RAA29. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

ANNEX 3: PAST PERFORMANCE INFORMATION (PPI) to be completed by the applicant

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

ANNEX 4: LIST OF SUPPLEMENTAL DOCUMENTS TO BE PROVIDED WITH NOFO

1. GOE HRH Strategy (updated version) (Appendix 1)
2. GOE Health Sector Transformation Plan (Appendix 2)
3. GOE Health Sector Development Plan IV (Appendix 3)
4. USAID's Vision for Health Systems Strengthening 2015-2019: https://www.usaid.gov/sites/default/files/documents/1864/HSS-Vision.pdf
5. USAID/Ethiopia Gender Assessment Report (Appendix 5)
6. Mid-term Evaluation of USAID/Ethiopia's Leadership, Management and Governance program, implemented by MSH (Appendix 6)
7. HRH Final Evaluation (Appendix 7)
8. HRH Annual Reports (Appendix 8a to 8c)
9. HRH Compendium of Research Publications and Presentations: https://www.jhpiego.org/wp-content/uploads/2017/04/Strengthining-Human-resources-for-health-Research-compendium.pdf
10. WHO Global Strategy for HRH: Workforce 2030: http://www.who.int/hrh/resources/globstrathrh-2030/en/
11. Final report of the expert group to the High-Level Commission on Health Employment and Economic Growth (HEEG Report), WHO, http://www.who.int/hrh/com-heeg/reports/report-expert-group/en/
12. National Health Workforce Account, WHO: http://www.who.int/hrh/statistics/nhwa/en/

ANNEX 5: ABBREVIATIONS AND ACROYNMS

ADS – Automated Directive Services

AO – Agreement Officer

AOR – Agreement Officer Representative

ASA – Apparently Successful Applicant

CFR – Code of Federal Regulations

COP – Chief

CPD – Continuous Professional Development

DCOP – Deputy Chief of Party

DEC – Development Experience Clearing House

DDL – Development Data Library

DO – Development Objective

DUNS – Data Universal Numbering System

eHIS – electronic Health Information System

EPHI – Ethiopian Public Health Institute

GIS – Geographic Information System

GoE – Government of Ethiopia

HRH – Human Resources for Health

HRIS – Human Resource Information System

HQ – Head Quarters

IST – In-service Training

IR – Information Revolution

LMG – Leadership, Management and Governance

MOFEC – Ministry of Finance and Economic Cooperation

MOH –Ministry of Health

MOSHE – Ministry of Science and Higher Education

M & E – Monitoring and Evaluation

MEL – Monitoring, Evaluation and Learning

NGO – Non-governmental Organizations

NHWA – National Health Workforce Account

NICRA – Negotiated Indirect Cost Rate Agreement

NOFO – Notice of Funding Opportunity

OR – Operation Research

PPI – Past Performance Information

RHB – Regional Health Bureau

SF – Standard Forms

USAID – United States Agency for International Development

USG – United States Government

WHO – World Health Organization

WISN – Workforce Indicators of Staffing Needs

END OF NOFO