Health and Population Office
Strategic Objective ‘Health Status of Tanzanian Families Improved’ (SO 11)

DRAFT ANNUAL PROGRAM STATEMENT (APS)
GIRLS’ EMPOWERMENT AND INNOVATIONS IN YOUTH, REPRODUCTIVE HEALTH, AND FAMILY PLANNING, AND SERVICE OUTREACH

Deadline for Questions: September 12, 2011
Issuance Date of Final APS: September 16, 2011
Concept Papers Due: October 7, 2011
Full Applications Requested: October 28, 2011 (by invitation only)
Full Applications Due: November 18, 2011

SUBJECT: DRAFT APS NUMBER USAID-TANZANIA-11-007-APS

The United States Agency for International Development Mission Tanzania (USAID/Tanzania) seeks applications from locally registered Tanzanian Civil Society Organizations (CSOs) for the “Girls’ Empowerment, Innovations in Youth, Reproductive Health and Family Planning, and Service Outreach” program. CSOs include a wide range of non-state actors, such as non-government organizations (NGOs) including any non-profit or voluntary organizations, print and broadcast media, religious groups, labor unions, academic institutions, consulting firms and for-profit private companies. This program is authorized in accordance with the Foreign Assistance Act of 1961, as amended.

Pursuant to 22 CFR 226.81, USAID policy is not to award fee or profit under assistance instruments. As such, any for-profit organization receiving an award under this APS will not be eligible for fee or profit; however, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations) may be recognized. For non-U.S. non-governmental organizations, USAID Standard Provisions for non-U.S. non-governmental organizations will apply (http://www.usaid.gov/policy/ads/300/303mab.pdf).

This APS provides prospective applicants with a fair opportunity to submit applications to USAID for a range of programs and services for adolescents and youth. The application process is comprised of two steps: (1) concept papers are sought from prospective Applicants; and (2) Applicants with the most highly evaluated concept papers will be invited to submit full applications.

Concept papers must be received by the closing date and time specified in this cover letter. Facsimile submissions are not authorized and will not be accepted.

Under this APS, USAID initially intends to fund 0 to 16 awards with a minimum budget of $40,000 and a maximum budget of $3,500,000, subject to availability of funds. USAID reserves the right to make a single award, make multiple awards, fund parts of an application, or not to make any awards at all. Issuance of this APS does not constitute an award commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for any costs incurred in the preparation and submission of any application.
In addition, final award of any resultant Agreement cannot be made until funds have been fully appropriated, allocated, committed and obligated through internal USAID procedures, on which condition this APS is issued. While it is anticipated that these procedures will be successfully completed, potential Applicants are hereby notified of these requirements and conditions for award and that Applicants will not be compensated for any proposal preparation and submission costs. The USG reserves the right to reject any or all applications received.

The preferred method of distribution of USAID procurement information is via www.Grants.gov on the World Wide Web (www). This APS and any future amendments can be downloaded from the Agency website. To access the Agency website from Grants.gov: Click “Find Grant Opportunities,” then click “Browse by Agency” and choose “Agency for International Development.” If you have difficulty registering or accessing the Grants.gov website, please contact the Grants.gov Contact Center at 1-800-518-4726 or via e-mail at support@grants.gov for technical assistance. Receipt of this APS through Grants.gov must be confirmed by written notification to the contact person noted below. It is the responsibility of the recipient of the application document to ensure that it has been received from Grants.gov in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion processes.

**POINT OF CONTACT**

For questions please contact Kenneth LuePhang, Agreement Officer; with cc to BOTH Sam Kiranga, Assistance Specialist; and Agnes Ng’anga, Assistance Specialist, at USAID/Tanzania:

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SECTION I
PROGRAM DESCRIPTION

A. BACKGROUND

A.1 AN OVERVIEW OF HEALTH IN TANZANIA

As East Africa’s most populous country, the United Republic of Tanzania (URT) has many economic and social development challenges as national priorities. Tanzania’s population is nearly 44 million of which almost 75% live in rural areas. A low-income country, the economy is based on tourism, agriculture, mining, trade, and communications, with economic growth averaging 7% per year over the last decade. This growth has not translated into improved quality of life for all Tanzanians: during the past ten years, the annual population growth rate of 2.7% increased the total number of Tanzanians living in poverty by more than 1 million. Although fertility has dropped in Tanzania from 5.7 (2004/05) to 5.4 (2009/10), at current growth rates, Tanzania’s population will exceed 50 million by 2025. The population is primarily young (21.4% of women and 25.5% of men are aged 15-19) 1.

Reproductive health, family planning, and gender issues, including harmful social norms, gender-based violence (GBV), and gender equalities2, are some of Tanzania’s most important public health issues, especially for youth and females3. For example, Tanzania has one of the highest adolescent birth rates in the world. Over one in four girls aged 15 – 19 is married or in union, and most adolescent births occur when married or in union. The 2010 Tanzania Demographic and Health Survey (TDHS) reported that 56% of all women have become mothers by age 20. Early marriage decreases condom use and, essentially, girls cannot say no to sex. Early marriage also increases a girl’s exposure to domestic abuse (UNICEF, 2001; UNICEF, 2005). Most girls in Tanzania are married to men older than they are. Approximately one in four are married to men 10 or more years older and virtually no girls marry men their own age or younger. In some cases, girls may be married without their consent.

Maternal health, especially for adolescents and young women, remains a serious issue. Tanzania has high rates of maternal mortality (deaths) at 454 per 100,000 women. Maternal and child mortality is linked to higher infant mortality, shorter periods of time between births, and low birth weight for babies.4 Girls aged 10-14 are five times more likely to die in pregnancy or childbirth than women aged 20-24, while girls ages 15-19 are twice as likely to die. Teenage mothers are more likely to have babies with low birth weight or are born early or die in birth. It is likely that Tanzania could significantly reduce maternal and child deaths if reproductive health policies and socio-cultural norms and behaviors promoted gender equality, delay of first birth, healthy birth spacing, and lower fertility.

Many women and families in Tanzania have serious reproductive health constraints, including the ability to plan their families and use contraceptives as desired. The 2010 TDHS reports that only 23.6% of women of reproductive age use modern contraception. Unmet need for family planning, or

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1 Tanzania Demographic and Health Survey, 2009/10.
2 Gender equality in health means that women and men have equal conditions for realizing their full rights and potential to be healthy, contribute to health development, and benefit from the results. Achieving gender equality will require specific measures designed to eliminate gender inequities. - PAHO Gender Equality Policy
3 Adolescent is defined as ages 10-19. Youth is defined as ages 15-24
4 Tanzania Demographic and Health Survey, 2009/10.
the percentage of women who want to use family planning but do not, is high (22%).\(^5\) Of women aged 15 – 19, only 10.7% use a modern family planning method. Sixteen percent of married women aged 15 – 19 and 24.5% of married women 20-24 have an unmet need for family planning—primarily for pregnancy spacing.\(^6\)

HIV/AIDS is another key public health issue in Tanzania, with a generalized HIV/AIDS epidemic on the Mainland and a concentrated HIV/AIDS epidemic in the Zanzibar archipelago. Most (80%) HIV infections occur through sexual contact. Infections from mothers to newborns cause 18% of infections. In the Mainland, HIV prevalence is highest among adults, and is highest among women 30-34 and men 35-39 years old. Multiple concurrent sexual partnerships, or more than one sexual relationship at the same time, and higher risk sex is common throughout Tanzania but consistent condom use is not as common. According to the 2009 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS), 41% of men ages 15-49 reported having higher risk sex, or sex with a partner who is neither a spouse or lives with the person. Of these men, 53% reported using a condom during the last higher risk sex act. Forty-nine percent of both women and men ages 15-24 reported using a condom at last premarital sex.

HIV prevalence is highest among Tanzanians who report the greatest number of sexual partners in a lifetime. Among women and men who report one lifetime sexual partner, 3% and 1.4% are HIV-infected, respectively. For women, HIV prevalence increases as the number of lifetime partners increases: 7.3% with two partners; 12.2% with 3-4 partners; 14% with 5-9 partners; and 21.5% with 10 or more partners. For men, these figures are: 3.6% with two partners; 3.9% with 3-4 partners; 6.3% with 5-9 partners; and 11.4% with 10 or more partners.

Gender-based violence and inequality are serious issues for Tanzanian youth and women. According to the 2010 TDHS, one in five women (20%) in Tanzania has experienced sexual violence, and 10% of women had their first sexual intercourse against their will. More than one-third of all women (39%) have suffered from physical violence at some point since age 15, and 33% of all women suffered from acts of violence during the past twelve months. Three in five women have sole or joint decision making power about their own healthcare, though only 39% participate in decisions about major household purchases.

In Mainland Tanzania and Zanzibar, a wide range of social, economic and infrastructure barriers prevent women and adolescent girls from accessing essential information, opportunities and services such as education, health and livelihoods training. More broadly, cultural norms that devalue women significantly compromise the health of women and girls and ultimately families and communities.\(^7\) In certain regions of Tanzania, early sexual debut and/or early marriage increases girls’ exposure to high risk, early pregnancy, HIV infection and domestic violence, results in school dropout, curtails girls’ freedoms and perpetuates a cycle of poverty and its attendant health and social outcomes.

USAID/Tanzania recently supported a study in Mtwara region (Falling through the Cracks. Bangser, M.) and conducted a study tour of Shinyanga and Tabora. In Tabora especially, its isolation due to poor roads has contributed to poverty and resistance to change, and traditional practices of early marriage and early childbearing persist. The region also suffers from acute shortages of health and education personnel, making it even more difficult to promote the benefits of education and access to health services. This situation is not unique to these areas alone in Tanzania and is one of the

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\(^5\) http://www.healthpolicyinitiative.com/Publications/Documents/348_1_Tanzania_RAPID_English_acc.pdf


\(^7\) DRAFT Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle September 2010
critical underlying identified concerns driving USAID’s support for girl’s empowerment and improved family planning and reproductive health in Tanzania.

A.2 PROGRAM CONSIDERATIONS

Adolescent, Youth and Girls’ Empowerment: Given the sheer size of the adolescent and youth population, the high levels of early pregnancy and related poor education for girls, maternal and under-five mortality and morbidity, the high unmet need for family planning among both married and unmarried adolescent women, and related poor economic situation for women, there is a critical need to increase strategic investment in programs and services for youth and girls’ empowerment. Efforts to empower girls and young women must:

- Be well-coordinated and integrated into programs that offer a full range of health and social services that cross sectors, such as health, economic development, and education. As a package, these interventions are likely to lead to improved health and well-being, more equitable gender relations, increased civic and workforce participation and even poverty alleviation for individuals, families and communities.

- Consider the causes of risky behaviors and promote protective factors and behaviors that enable adolescent (especially girls) resilience to risk. Programs must recognize that young people’s – especially girls’ – abilities to make changes in their behaviors, including accessing health services, are greatly influenced by the cultural norms, expectations, and practices of their families and communities. These influencers include parents, religious leaders, teachers, sexual partners, and health care providers. Programs need to understand the context of sexual initiation and sexual activity among young people and recognize that girls may be particularly vulnerable to forced sexual encounters (both inside and outside of marriage), family and community pressure to bear children or to use their sexuality to barter for goods, and misinformation about family planning, especially around side effects. Strategies that challenge and transform underlying gender norms and inequalities are more likely to achieve greater and more sustainable changes related to health and equity. Similarly, strategies that promote and enable the presence of a caring and committed adult in a young person’s life can be very effective in helping young people avoid high-risk behaviors.

Reproductive Health and Family Planning: Given the shortages of trained health care personnel and family planning commodities, outreach services - or small, dedicated technical teams that travel to underserved areas to provide education, advice, and a full range of short-term, long-term, and permanent contraceptive methods - have filled a critical gap in service delivery. Over the past few months, more than half of all family planning clients in Tanzania accessed their preferred family planning method through an outreach team. Shortages of implants and injectables, the two most popular methods, have built a backlog of unmet need requiring the concerted effort of a ‘Catch-Up’ campaign to address.

A.3 USAID PROGRAM OVERVIEW AND LINKAGES TO USAID-SUPPORTED RESOURCES IN TANZANIA

To support the URT’s efforts to improve the health of Tanzanians, the USG focuses on maternal and child health, reproductive health and family planning, malaria, and HIV/AIDS. The USG also works in cross-cutting areas such as health systems strengthening, human capacity development, education, public-private alliances, and the promotion of gender equality for sustainable health improvements.
Activities conducted under this APS will support the achievement of one or more of the following USAID’s Assistance/Strategic Objectives (AO or SO):

- AO 01: Improved lower primary education for higher achievement in reading, mathematics and science
- SO 10: Enhanced Multisectoral Response to HIV/AIDS
- SO 11: Health Status of Tanzanian Families Improved
- SO 12: Incomes of Small Farmers Increased in Selected Agricultural Commodity Sub-Sectors.
- SO 13: Biodiversity Conserved in Targeted Landscapes through a Livelihood Driven Approach
- SO 14: Accountability Strengthened in Selected Policy Areas

The USG works in partnership with the URT and civil society on a number of health initiatives and projects in Tanzania, and winning applicants under this APS is expected to link with these resources. These resources include referrals to services, access to materials and commodities, and supporting social and behavior change communications. These linkages depend on a number of factors, including the type of award issued and proposed activities, and geographic areas of focus and overlaps with existing programs. Please see Annex 1 for more information on URT and USG Policy Frameworks and Key Partnerships and Annex 2 for more information on USAID Programs.

During the first work plan process, USAID will work with winning applicants to identify these resources and make connections between projects and implementing partners.

**B. GOAL AND OVERALL APPROACH**

USAID/Tanzania recognizes the importance of a country-led platform to foster an enabling environment for sustainable impact. The goal of this APS is to support the conditions that will enable girls and women to achieve positive social and economic outcomes. This will be achieved through four focus areas that support systemic cross-cutting approaches and strengthen catalytic change agents. These four focus areas comprise the different application categories of this APS solicitation:

1. Adolescent, youth and girls’ empowerment
2. Innovations in reproductive health and family planning
3. Outreach services to increase access to and use of family planning services
4. Capacity building for networks, coalitions, and advocacy groups supporting youth, girls’ and women’s empowerment

This APS seeks innovative activities using integrative approaches that reflect the cultures, context, social networks, and key issues within targeted communities. Program partners who receive awards under this APS will be expected to use funds made available to them wisely to expand and integrate services in defined geographical areas. Special emphasis should be placed on ensuring the target groups benefit from a comprehensive package of youth development and health interventions and that those mechanisms ensure increasing local ownership and greater financial sustainability.

Wherever possible, the interventions should build on the existing platform of program models, curricula, tools and other resources. USAID will not support the development of anything duplicative, and will help link awardees to programs for condoms and family planning commodities, training, health care services referrals, and social and behavior change communications materials.

**C. PROGRAM AREAS**
Applicants are welcome to submit concept papers for multiple categories, but should submit separate concept papers for each category. If applicants submit more than one concept paper, then the concept papers should describe how the proposed activities interlink.

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<tr>
<th>PROGRAM AREA #1: ADOLESCENT, YOUTH AND GIRLS’ EMPOWERMENT</th>
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<td>Value of Awards:</td>
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<td>Implementation Period:</td>
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USAID/Tanzania is interested in supporting innovative, cost-effective, integrated, and quality programs and services for youth. Ideas might include but are not limited to:

- Strategies that address the root causes of problems to achieve more sustainable changes related to health and equity.
- Health and developmental needs of very young adolescents.
- Ways to connect school-based peer education and counseling services to community-based efforts.
- Community-driven and community-owned approaches to improve young people’s health.
- Meaningful opportunities for young people to contribute to their communities.
- Gender and cultural norms.
- Vulnerable populations such as young mothers and young women who engage in transactional and/or intergenerational sex.

A number of youth-focused programs have been implemented in Tanzania by USAID and other donors. These programs have generated many lessons learned, resources, and tools, and should be the foundation for a comprehensive approach that goes further to improve the health and well-being of adolescents and youth, especially young women and girls, and is sustained beyond the life of the project. The awards resulting from this solicitation must actively seek to develop strong linkages with existing USAID-funded awards to ensure non-duplication and coordination of efforts.

Eligibility: USAID seeks applications from locally registered Tanzania Civil Society Organizations (CSOs). CSOs include a wide range of non-state actors, such as non-government organizations (NGOs) including any non-profit or voluntary organizations, print and broadcast media, religious groups, labor unions, academic institutions, consulting firms and for-profit private companies. For profit, as well as not-for-profit organizations are eligible to submit applications under this APS; however, for-profit institutions will not be eligible for fee or profit.

Applicants must also meet the following criteria:

- Have not less than 2 years of experience implementing programs of similar scope and complexity.
- Demonstrate credible experience in achieving measurable results, beyond a sequence of activities, in the technical area(s) being proposed which must contribute toward a significant development impact and be clearly articulated in the Concept Paper and subsequent Application.
- Demonstrate management capacity, including a robust approach to monitoring and evaluation.
Applications proposing projects in the USAID targeted regions of Tabora, Shinyanga, Mtwara, and Lindi are preferred and may be given up to 10 additional points in the evaluation process.

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<th>PROGRAM AREA #2: INNOVATIONS IN REPRODUCTIVE HEALTH AND FAMILY PLANNING</th>
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<td>Value of Awards:</td>
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<td>Implementation Period:</td>
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USAID/Tanzania is interested in the establishment of highly innovative approaches to reproductive health and family planning programming. These programs should include significant attention to capacity building of families and communities to become competent, gender equitable, and supportive, so that efforts are sustained beyond the life of a program. Ideas might include, but are not limited to:

- The piloting and roll out of new family planning technologies, such as Cycle Beads.
- The piloting and roll out of family planning methods currently underutilized in Tanzania, such as vasectomy.
- The piloting and roll out of low-cost sanitary pads or menstrual cups to increase female school attendance.
- Ways to connect school-based peer education and counseling services to community-based efforts.
- Strengthening the role of faith-based service delivery organizations in family planning and reproductive health, including expanding family planning service delivery, referrals to information, education, and services, and the promotion of natural birth control options.
- The revitalization of pre-and in- service training in reproductive health and family planning within faith-based professional training schools.
- Skills labs to ensure competencies in safe delivery in the labor and delivery ward will be established in pre-service programs so that classroom instruction is complemented with the critical clinical skills necessary to save maternal and newborn lives.
- Integration of a qualitative adolescent component (i.e. young mothers club, peer support groups, adolescent focused health promotion activities, entrepreneurship for economic empowerment) to an existing scaffolding of reproductive health and maternity services.

Eligibility: USAID seeks applications from locally registered Tanzania Civil Society Organizations (CSOs). CSOs include a wide range of non-state actors, such as non-government organizations (NGOs) including any non-profit or voluntary organizations, print and broadcast media, religious groups, labor unions, academic institutions, consulting firms and for-profit private companies. For profit, as well as not-for-profit organizations are eligible to submit applications under this APS; however, for-profit institutions will not be eligible for fee or profit.

Applicants must also meet the following criteria:

- Have not less than 2 years of experience implementing programs of similar scope and complexity.
- Demonstrate credible experience in achieving measurable results, beyond a sequence of activities, in the technical area(s) being proposed which must contribute toward a significant development impact and be clearly articulated in the Concept Paper and subsequent Application.
- Demonstrate management capacity, including a robust approach to monitoring and evaluation

Applications that propose public-private-partnerships with a one-to-one match are preferred and may be given up to 20 additional points in the evaluation process.

| PROGRAM AREA #3: OUTREACH SERVICES TO INCREASE ACCESS TO AND USE OF FAMILY PLANNING SERVICES |
|-------------------------------------------------|-----------------|
| Number of Awards:                             | 0 to 1          |
| Value of Awards:                              | Up to US $3,500,000 a year |
| Implementation Period:                        | Up to 48 Months |
| Regions:                                      | One or more in any region in Mainland and/or Zanzibar. |

USAID/Tanzania welcomes concepts that increase access to and use of a full range of short-term, long term and permanent contraceptive methods through cost-effective and efficient outreach services. Ideas include but are not limited to:

- Out-reach services to increase access to and use of a full range of short-term, long term and permanent contraceptive methods.
- Ways to connect school-based peer education and counseling services to community-based outreach services.
- Ways to increase family planning and reproductive outreach for adolescents and young married women.

**Eligibility:** USAID seeks applications from locally registered Tanzania Civil Society Organizations (CSOs). CSOs include a wide range of non-state actors, such as non-government organizations (NGOs) including any non-profit or voluntary organizations, print and broadcast media, religious groups, labor unions, academic institutions, consulting firms and for-profit private companies. For profit, as well as not-for-profit organizations are eligible to submit applications under this APS; however, for-profit institutions will not be eligible for fee or profit.

Applicants must also meet the following criteria:

- Have not less than 5 years of experience implementing programs of similar scope and complexity.
- Demonstrate credible experience in achieving measurable results, beyond a sequence of activities, in the technical area(s) being proposed which must contribute toward a significant development impact and be clearly articulated in the Concept Paper and subsequent Application.
- Demonstrate management capacity, including a robust approach to monitoring and evaluation.
- Demonstrate experience implementing programs of similar scope and complexity with USAID or a similar donor agency.

Applications that propose cost share (minimum of 25% from other sources) are preferred and may be given up to 10 additional points in the evaluation process.
PROGRAM AREA #4: CAPACITY BUILDING FOR NETWORK/COALITION/ADVOCACY GROUPS SUPPORTING YOUTH, GIRLS AND WOMEN’S EMPOWERMENT

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<th>Number of Awards:</th>
<th>0 to 2</th>
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<tr>
<td>Value of Awards:</td>
<td>US $40,000 to US $200,000</td>
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<tr>
<td>Implementation Period:</td>
<td>4 months to 24 months, extendable</td>
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<td>Regions:</td>
<td>One or more in any region in Mainland and/or Zanzibar.</td>
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USAID/Tanzania is interested in building the capacity of Tanzanian network organizations to generate collaborative action and learning for youth and girls’ empowerment programs. Strong coalitions have the potential of catalyzing and scaling up youth initiatives at local and national levels for broader sustained impact. Ideas might include but are not limited to:

- Capacity building, networking and mentoring of local Tanzanian organizations implementing adolescent, youth, girls’ and women’s empowerment programs.
- Capacity building of the applicant in organizational management, leadership development, strategic planning, advocacy, communications and outreach.
- Improved cross-sectoral coordination/networking among government, non-government and private sector programs that reach adolescents and youth, particularly girls.
- Meaningful opportunities for young people to contribute to their communities.
- Innovative research and monitoring efforts to assess and measure the impact of youth and girls-focused initiatives, and strategies for sharing lessons learned and best practices with others.
- Evidence based data to inform decision makers to develop policies and programs that lead to meaningful improvements for girls and women.

Eligibility: USAID seeks applications from locally registered Tanzania Civil Society Organizations (CSOs). CSOs include a wide range of non-state actors, such as non-government organizations (NGOs) including any non-profit or voluntary organizations, print and broadcast media, religious groups, labor unions, academic institutions, consulting firms and for-profit private companies. For profit, as well as not-for-profit organizations are eligible to submit applications under this APS; however, for-profit institutions will not be eligible for fee or profit.

Applicants must also meet the following criteria:

- Have not less than 2 years of experience implementing programs of similar scope and complexity.
- Demonstrate credible experience in achieving measurable results, beyond a sequence of activities, in the technical area(s) being proposed which must contribute toward a significant development impact and be clearly articulated in the Concept Paper and subsequent Application.
- Demonstrate management capacity, including a robust approach to monitoring and evaluation.

D. RESULTS

Winning applicants are expected to achieve concrete and measurable and scheduled results. It is expected that programs will result in clearly measurable improvements in the integration, cost-effectiveness, and sustainability of proposed programs, with clear annual measurements of improvement and demonstrable increases in the capacity of Tanzanian institutions/entities/partners to plan, prioritize, budget and manage programs.
USAID will work with the winning applicants to set up learning fora, which might include professional conferences and implementing partner meetings to share best practices and lessons learned. All awardees are expected to participate in the USAID/Tanzania Implementing Partner Reporting System (IPRS). IPRS is a web application developed to manage and control data gathered and reported by USAID/Tanzania Implementing Partners. Implementing Partners report quarterly, semi-annually, and annually on indicators in this system.

E. GENDER

Pursuant to ADS mandatory requirements on gender integration and also the Quadrennial Diplomacy and Development Review Report (QDDR, 2010), concept papers should clearly state the respondents’ gender integration expertise and capacity, and propose meaningful approaches to address gender, girls’ and women empowerment, as well as constructive engagement of men, by clearly answering the following questions:

- How will the different roles and status of women and men within the community, political sphere, workplace, and household (for example, roles in decision making and different access to and control over resources and services) affect the work to be undertaken?
- How will the anticipated results of the work affect women and men differently?

F. INSTRUCTIONS TO APPLICANTS

F.1 ELIGIBILITY

USAID is seeking applications from locally registered Tanzanian Civil Society Organizations (CSOs) for the “Girls’ Empowerment, Innovations in Youth, Reproductive Health and Family Planning, and Service Outreach” program. CSOs include a wide range of non-state actors, such as non-government organizations (NGOs) including any non-profit or voluntary organizations, print and broadcast media, religious groups, labor unions, academic institutions, consulting firms and for-profit private companies. Please refer to Section C for eligibility criteria by program area.

F.2 PROGRAM DURATION

The duration of any proposed program implementation (life of project) may be as short as 4 months and may not exceed 24 months (project areas 1, 2 and 4) or 48 months (project area 3). Options for renewal may be discussed if implementation is successful and further engagement desired by USAID.

Depending on the availability of funds and the effectiveness of the award mechanism, the APS may be extended, revised or re-issued. USAID reserves the right to incrementally fund activities over the duration of the program, if necessary, depending on program length, performance against approved program indicators, and availability of funds.

F.3 ANTICIPATED FUNDING AND NUMBER OF AWARDS

Under this APS, USAID initially intends to fund from 0 to 16 awards with a minimum budget of $40,000 and a maximum budget of $3,500,000, subject to availability of funds. USAID reserves the right to make a single award, make multiple awards, fund parts of an application, or not to make any awards at all. Issuance of this APS does not constitute an award commitment on the part of the U.S.
Government, nor does it commit the U.S. Government to pay for any costs incurred in the preparation and submission of any application.

F.4 SUBSTANTIAL INVOLVEMENT

USAID anticipates that grant(s) in the form of Cooperative Agreement(s) will be awarded as a result of this APS. Under a Cooperative Agreement, USAID may be substantially involved in the following areas:

- USAID approval of the recipient’s Annual Work/Implementation Plans
- USAID approval of key personnel funded under the agreement (limited to five positions) or five percent of the recipient’s total team size (whichever is greater)
- USAID approval of the program’s Monitoring and Evaluation (M&E) Plans, including indicators
- USAID approval of sub-recipients (sub-grants/sub-awards) and corresponding activities
- USAID monitoring to permit direction and redirection because of interrelationships with other projects
- A USAID Branding and marketing plan must be received and approved before awards may be made

F.5 OFFICIAL SOURCE DOCUMENTS

This APS is the official source document for the application. Oral explanations of the Applications will not be evaluated or considered; only written applications will be evaluated. Applicants should retain for their records a copy of the application and all Attachments/enclosures that accompany their application. USAID will only consider applications conforming to the prescribed format. Explanations or instructions given before award of a Cooperative Explanations or instructions given before award of a Cooperative Agreement will not be binding. Any information given to a prospective Applicant concerning this APS will be furnished promptly, via www.grants.gov, to all other prospective Applicants as an amendment of this APS.
SECTION II:
APPLICATION AND SUBMISSION INFORMATION FOR CONCEPT PAPERS

A. APPLICATION PROCESS

USAID/Tanzania invites eligible organizations to submit brief concept papers of no more than five (5) pages and an illustrative budget of no more than one (1) page, that demonstrate innovative approaches to youth, reproductive health and family planning, and service outreach programming. Applicants are welcome to submit more than one concept paper, but should submit separate concept papers for each of the programmatic areas described in Section B.

This is a two-stage process. Applicants are required to submit short concept papers per the instructions below; concept papers need not be in the format or detail of a full proposal. The submitted concept papers will be reviewed using the criteria set forth below. The most highly rated Applicants will be invited to participate in the second stage through the submission of Full Applications per the instructions in Section III.

Deadline for Submission of Concept Paper: Concept papers submitted after the October 7, 2011 deadline will not be considered.

Applicants interested in being considered for funding should submit a concept paper via e-mail to kluephang@usaid.gov, with cc to BOTH skiranga@usaid.gov and anganga@usaid.gov. Only those concept papers that are received by the deadlines specified above will be reviewed for responsiveness to the requirements set forth in this APS.

Applicants will be notified via email if USAID will request them to expand the concept paper into a full application. **Applicants should not prepare full applications unless specifically requested to do so by USAID/Tanzania’s Office of Procurement.**

B. CONCEPT PAPER FORMAT

The concept papers must be written in English and formatted on standard A4 paper, with single space, 11 or 12 point font Times New Roman or similar font with margins no less than one inch on each border, and each page numbered consecutively. The concept paper should include three sections and total submission should not exceed 5 pages with an additional page for budget and notes. The concept papers are to be presented in the following format:

1. Cover Page (one page). The cover page must include the APS number, the names of the organization(s) involved (with the name of the lead or primary Applicant clearly identified), title of the application, and the region(s) where the activity will take place. In addition, the cover page should provide a contact person for the primary Applicant, including the individual’s name, title or position with the organization, mailing address, email address, telephone and fax numbers. Applicants should also clearly state whether the identified contact person has the authority to negotiate on behalf of the Applicant, or, if not, the contact information for the appropriate person with authority to negotiate both program issues and budget.

2. Technical Narrative. A narrative of not more than four (4) pages should outline the following:
   - Goals – Describe the goals of the program.
• Define the problem/issues and provide analysis of the context that demonstrates understanding of the needs, the complexity of the current situation, and the challenges of programming and/or service provision in the identified geographic regions/districts.

• Technical Approach – Describe the technical approach to be used to achieve the goals, including the types and scale of activities, geographic spread, general sequencing, and roles and responsibilities of partners and stakeholders. Describe how activities will link into and complement existing programs. Explain how or why the proposed approach will be more successful or effective than other development approaches. Applications should specify reasons for the selection of regions and activity sites.
  o For Program Areas #1, #2, and #3: Describe the geographic and audience targeting and targeted behaviors based on epidemiology, local context, and culture.
  o For Program Area #4: If the applicant is proposing capacity building of local Tanzanian organizations, describe what areas are targeted (i.e. strategic planning, business development, quality assurance, etc.) and how the capacity building will be delivered. If the applicant is proposing capacity building of its organization, describe what areas are targeted (i.e. strategic planning, business development, quality assurance, etc.) and how the capacity building will be delivered.

• Sustainability – Describe how ownership, leadership and program management will build on existing programs and resources and will be sustained, post-USAID funding. The technical discussion should include proposed partners and arrangements for effective and complimentary operations among partner organizations, including linkages to existing networks, structures, and resources.

• Expected Results – Outline the expected results and how results will be measured (including mechanisms of measurement) for progress, benchmark achievements and greater sustainability. Results must be measureable on an annual basis as well as over the life of the award.

• Organizational Capacity – Describe technical, senior management and capacity-building expertise and capabilities with regards to project implementation and quality assurance. If applicable, describe how the approach will strengthen the capability of the applicant.

3. Budget. Provide a one page budget that clearly identifies the major cost line items, such as personnel, travel, training, program activities, sub-awards, commodities, etc., by year, for the full program period. Applicants are encouraged to focus resources on project implementation rather than salaries, equipment and supplies and must demonstrate growing cost-effectiveness over the life of the award. The proposed costs and budget aspects of applications will be reviewed for cost realism to evaluate the relationship between the proposed costs and proposed program as well as the likelihood for success. Budget presentation for the purpose of line review would be more favorably received.

C. TECHNICAL EVALUATION CRITERIA FOR CONCEPT PAPERS

USAID/Tanzania will establish a Technical Evaluation Committee to review and evaluate all concept papers received before the deadlines. The concept papers will be competitively evaluated against the following criteria:

EVALUATION CRITERIA:

Design and Execution of the Proposed Activity (60 points)
• Demonstrated understanding of the issues including use of either local, international or both examples of good practice and broad insight into Tanzanian culture, and alignment with current national priorities and programs.
• Technical quality of the concept paper, including a clear set of goals and objectives, an innovative and practical approach, and potential for measurable impact. Direct and continued involvement with individuals, couples and communities that facilitates change is important, as is linkages to existing resources and structures, reaching numbers of people, the cost of contact and potential to take the approach to scale.

• Under Program Area 1, applicants can propose activities in one or more regions, but applications for project implementation in Tabora, Shinyanga, Mtwara, and Lindi may be given up to 10 additional points. Under Program Area 2, applicants that propose public-private-partnerships with a one-to-one match are preferred and may be given up to 20 additional points in the evaluation process. Under Program Area 3, applicants that propose cost share (minimum of 25% from other sources) are preferred and may be given up to 10 additional points in the evaluation process.

Project Management (30 points)
• Demonstrated experience and track record of the Applicant’s organization and key personnel in the proposed area of work. If the proposal includes a number of partners, what is the experience of leading an effective consortium?
• Demonstrate some indication that the organization is an appropriate size and scope, salaries and benefits in line with locally acceptable standards, and how the program will become increasingly cost effective.
• Ability to monitor and report on the proposed activities, and translate local experience to the national debate.

Institutional Capacity and Past Performance (10 points)
• Technical and administrative capacity to manage the proposed program and feasibility of transition to greater sustainability over time. Please indicate recent evaluations and audits, and changes the applicant may have subsequently put in place.

TOTAL 100 points
SECTION III
APPLICATION AND SUBMISSION INFORMATION FOR FULL APPLICATIONS

Requests for the submission of a full application, together with the necessary instructions, including the evaluation criteria, shall be sent to the organizations that submitted winning concept papers.
Annex 1. URT AND USG POLICY FRAMEWORKS AND KEY PARTNERSHIPS

- **Tanzania’s National Strategy for Growth and Reduction of Poverty (MKUKUTA), 2005–2010**, lays out operational targets for infant health and child survival; improved health of women and other vulnerable groups including through the reduction of maternal mortality and morbidity; increased number of births attended by trained personnel and reduced HIV prevalence among women of 15-24 years.

- **Health Sector Strategic Plan (HSSP III)** provides the policy and sector reform implementation framework for the National Health policy. This strategic plan includes the decentralization of health service financing, management and delivery to local government (district level councils) and emphasizes strengthening central ministry functions.

- **Zanzibar’s Health Sector Reform Strategic Plan (ZHSRSP II)** is based on the Zanzibar Strategy for Growth and the Reduction of Poverty and goes through 2011. Strategic priorities include strengthening healthcare systems to provide quality care, including human resources for health, infrastructure, legislation and regulation, and data for decision making. Priority health interventions are reproductive and child health, health promotion and disease prevention, communicable and non-communicable diseases, mental health, social welfare, and substance abuse services and prevention.

- The **Tanzania Global Health Initiative Strategy, 2010–2015**, expands US global health commitment by focusing on five vital areas to deliver meaningful results: disease prevention and treatment, health systems, maternal and child health, neglected tropical diseases, and increased research and development. The Global Health Initiative (GHI) will contribute to two of Tanzania’s Millennium Development Goals (MDGs): the substantive reduction of deaths among children under five years of age and reduced maternal mortality by 2015. By increasing the availability and use of comprehensive preventive health services, USG-supported programs in Tanzania will work in three closely aligned and interwoven areas of focus: quality integrated services; health systems strengthening; and healthy behaviors. USG-supported programs in HIV/AIDS, malaria, tuberculosis, nutrition, family planning and reproductive health, and maternal, newborn, and child health will be carefully aligned and leveraged across service delivery platforms to help accelerate the achievement of Tanzania’s MDGs.

- **The Five Year PEPFAR Strategy, 2009–2013**: The USG President’s Emergency Plan for AIDS Relief (PEPFAR) was extended for five additional years, from 2009 through 2013. Together, the USG and host country governments will work to achieve these five overarching goals:
  - Transition from an emergency response to promotion of sustainable country programs;
  - Strengthen partner government capacity to lead the response to this epidemic and other health demands
  - Expand prevention, care, and treatment in concentrated and generalized epidemics;
  - Integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems
  - Invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes

Programs conducted under this APS will link into other Tanzanian policy documents. These include the National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008–2015, the National Nutrition Strategy (2010-2015), the National Family Planning Costed Implementation Plan, the National Multisectoral HIV Prevention Strategy (2009-2012), and the Gender and HIV/AIDS Operational Plan.
During the life of projects, partner organizations funded under this APS are expected to pursue and enhance partnerships with key Government of Tanzania entities, as relevant and applicable. These key partnerships include:

- **The Ministry of Health and Social Welfare**: The MoHSW is responsible for the provision of basic health services that are of good quality, equitable, accessible, affordable, sustainable, and gender sensitive, meeting the needs of healthy communities. Responsibilities include the formulation of health related polices, and the provision and oversight of hospital and preventive services as well as food and drug quality.

- **The Tanzania Commission for AIDS**: located in the Prime Minister’s Office, TACAIDS is responsible for the coordination of HIV/AIDS activities across all Ministries and sectors. Its responsibilities include the formulation of policy and guidelines, the fostering of national and international linkages among all stakeholders, and knowledge management. TACAIDS recently launched the *National Multisectoral HIV Prevention Strategy*. The HIV Prevention with At-Risk Populations project should work closely with TACAIDS.

- **The National AIDS Control Program (NACP)** is under the Directorate of Preventive Services of the MoHSW. It provides support to HIV/AIDS facility-based prevention, care, and treatment service delivery, surveillance and research, commodities distribution, and health education and behavior change communications. The HIV Prevention with At-Risk Populations project’s communications initiatives should coordinate with the MoHSW and NACP.

Other potential partners include the Ministry of Community Development, Gender and Children (MCDGC), the Ministry of Education and Vocational Training (MoEVT), and the Prime Minister’s Office Regional and Local Government (PMO-RLG).
Annex 2. USAID/Tanzania Programs

The USG works in partnership with the URT on a number of health initiatives and projects in Tanzania, and winning applicants under this APS is expected to link with these resources. These linkages depend on a number of factors, including the type of award issued and proposed activities, and geographic areas of focus and overlaps with existing programs. Cross-cutting these programs is the USG’s work in gender, including the expansion of its girl platform to help meet the health, education, democracy and governance, and economic needs of girls and adolescents. These resources include referrals to services, access to materials and commodities, and supporting social and behavior change communications. During the first work plan process, USAID will work with winning applicants to identify these resources and make connections between projects and implementing partners.

The award(s) will support the achievement of any one or more of the following USAID/Tanzania’s Assistance and Strategic Objectives. Below is a listing of the Assistance and Strategic Objectives and some projects winning applicants might be linked to. Please note the list is illustrative, not exhaustive.

AO 01: Improved lower primary education for higher achievement in reading, mathematics and science

The education program works with the URT to improve the quality of education in lower primary levels for higher achievement in reading, mathematics and science. USAID supports the implementation of the MoEVT’s school-based peer education program, Prevention and Awareness of HIV and AIDS in Schools (PASHA), which was initially supported by GTZ. Support is provided for scale-up in primary schools in Mtwara and Iringa. PASHA’s essential package of services includes peer education and school counseling services (HIV/AIDS, SRH, life skills). Consistent with the MoEVT’s multi-sectoral approach involving coordination with key stakeholders such as the MoHSW and PMO-RALG, it is especially important for APS partners to link proposed innovations in youth, reproductive health and family planning, and service outreach with existing school-based efforts in these areas.

SO 10: Enhanced Multisectoral Response to HIV/AIDS and SO 11: Health Status of Tanzanian Families Improved

Health and HIV/AIDS USG-supported projects include the Johns Hopkins University (JHU) STRADCOM program that implements a communications platform in Tanzania through which a number of treatment, care, counseling and testing, and prevention of sexual transmission themes are explored. Some of STRADCOM’s campaigns include the popular Fataki campaign, which focuses on cross-generational sex, partner reduction. STRADCOM also recently produced a Community Resource Kit with Ujana and other partners. JHU also implements the Tanzania Capacity and Communications Project (TCCP), which focuses on increasing the adoption of safer behaviors by Tanzanian adults and high risk populations (adults and youth) to prevent or manage HIV infection and other health issues. This new program will execute evidence-based, coordinated behavior change communications initiatives at scale, and reinforce systems for coordinating and delivering behavior change communications.

Another program is the Husika Project, implemented by Population Services International (PSI). This project targets most-at-risk populations to HIV infection, including commercial sex workers and women engaged in transactional sex, and links these groups to HIV prevention, care, and support services. Family Health International (FHI) implements the Ujana Project, which addresses
prevention of sexual transmission among youth and the people who influence them, including out of school youth, and those engaged in alcohol or drug use. Ujana addresses issues of cross-generational sex, multiple partners and alcohol use in its behavior change communications programs. The PEPFAR Gender-Based Violence (GBV) Program links with HIV, Health and DG partners. In addition, the FHI Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project is designed to reduce HIV transmission, improve care, and reduce the impact of HIV and AIDS along major transport corridors in East Africa.

EngenderHealth implements the Champion Program in support of prevention of sexual transmission. The Champion project promotes a national dialogue about gender roles, increase gender equitable beliefs and behaviors. The project adapted the “Men as Partners” program and mobilized community action teams to implement men-led programs to promote healthy behaviors.

The new Tanzania Social Marketing Project, implemented by Population Services International, collaborates with the T-MARC Company to implement social marketing programs within a total market approach, or the positioning and delivery of products to target populations segmented by socio-economic status and health behaviors. These include Dume male condoms and Lady Pepeta female condoms. The program complements product social marketing programs with other activities such as the Lipende program that engages sex workers in HIV prevention via peer education. The ACQUIRE program, implemented by EngenderHealth, is USAID’s flagship service delivery project.

Building Organizational Capacity for Results (BOCAR) is a project that aims to strengthen the ability of civil society organizations (CSOs) and CSO networks to produce and report on measurable results in combating HIV and AIDS. These organizations are on a continuum of embryonic, small, rural-based CSOs to more mature, larger, urban-based CSOs that in some way contribute to the functioning of the health system in Tanzania. While the target CSOs for this capacity building activity primarily are NGOs working in the health sector and specifically on producing measurable results in combating HIV/AIDS, other CSOs are also important partners and beneficiaries.

SO 12: Incomes of Small Farmers Increased in Selected Agricultural Commodity Sub-Sectors

Through the agriculture program, the USG supports the URT’s overall economic growth plan, including women’s participation. Under Feed the Future, the USG supports public-private partnerships to boost agricultural competitiveness and investment. Women and girls’ economic empowerment is pertinent to the issues raised in reproductive health, family planning, gender-based violence, child and maternal health, and HIV/AIDS.

The new five year nutrition flagship initiative under Feed the Future, Improving Nutrition in Tanzania, will launch in September 2011. The program aims to strengthen Tanzanian systems at all levels and across sectors to improve nutrition outcomes. Implementation approaches include improving livelihoods and economic growth, the health status of families, and primary education. Over the next five years, in target regions, the program will contribute to reducing the prevalence of low height for age among children under-five by 20% and maternal anemia by 20%.

SO 13: Biodiversity Conserved in Targeted Landscapes through a Livelihood Driven Approach

The Tanzania Integrated Water, Sanitation and Hygiene (iWASH) Program is a collaborative effort between Florida International University, Winrock International, CARE Tanzania, and WaterAid Tanzania to address some of the most pressing needs for rural human populations in Tanzania—access to clean water, sanitation and hygiene—within an integrated water resources management
framework. The overarching goal of the Tanzania iWASH Program is to support sustainable, market-driven water supply, sanitation, and hygiene services to improve health and increase economic resiliency of the poor in targeted rural areas and small towns. Tanzania iWASH activities are being implemented in two areas of Tanzania. The Wami-Ruvu River Basin in central Tanzania encompasses some of the country’s most important agricultural areas and the main sources of water for both Dar es Salaam and Dodoma. The Ruaha River Basin includes some of Tanzania’s most important reserves of biodiversity.

**SO 14: Accountability Strengthened in Selected Policy Areas**

USAID/Tanzania has been involved in the democracy and governance (DG) sector for over two decades. The initial focus of DG activities was geared toward aiding the transition from single party socialism to a multiparty democracy. The second phase focused mainly on addressing the problems of a weak civil society and a marginalized representational branch of government through a legislative strengthening intervention and a program of capacity building for civil society. A new DG strategy is being developed to focus on enhancing greater civic participation at the central government and grassroots levels. The focus of the interventions will be on developing the capacity for civil society and citizens to better understand their key role in demanding greater accountability from the Government. Special attention will be paid to attaining improvements in the delivery of services to the citizenry with a focus on gender considerations especially for women and other marginalized groups.