



USAID | KENYA AND EAST AFRICA

Issue Date: **August 6, 2020**
Interested Parties Conference: **August 13, 2020 at 14:00 to 16:00 hours Nairobi Time**
Deadline for Questions: **August 21, 2020**
Closing Date and Time: **September 18, 2020 12:00pm Nairobi Time**

Subject: **Notice of Funding Opportunity Number (NOFO):72061520RFA00006**
Program Title: **Kenya Health Partnerships for Quality Services (KHPQS) – OVC & DREAMS Program**
Catalog of Federal Domestic Assistance (CFDA) Number: **98.001**

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified local organizations to implement the KHPQS - OVC & DREAMS Program. Eligibility for this award is restricted to local organizations. See Section C of this NOFO for eligibility requirements.

USAID intends to make five (5) awards (one award per cluster listed on page 4) 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. While five (5) awards are anticipated as a result of this notice of funding opportunity (NOFO), USAID reserves the right to fund any or none of the applications submitted.

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.

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.6.f. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

Please send any questions to the point(s) of contact identified in Section D. The deadline for questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to this notice posted to 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,

Nancy Kleinhans
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

KENYA HEALTH PARTNERSHIPS FOR QUALITY SERVICES (KHPQS) - OVC and DREAMS

Cluster	Counties	Program Area	County Total Estimated Amount	Cluster Total Estimated Amount
7	Kilifi	OVC only	\$5,627,556	\$24,561,531
	Mombasa	OVC and DREAMS	\$18,933,975	
8	Kiambu	OVC and DREAMS	\$16,664,041	\$55,418,628
	Nairobi	OVC and DREAMS	\$ 38,754,587	
9	Kajiado	OVC only	\$864,442	\$8,965,271
	Nakuru	OVC only	\$4,624,720	
	Muranga	OVC only	\$805,636	
	Kitui	OVC only	\$658,382	
	Machakos	OVC only	\$1,073,250	
	Makueni	OVC only	\$938,841	
10	Bungoma	OVC only	\$2,252,481	\$34,649,055
	Busia	OVC only	\$3,861,994	
	Kakamega	OVC only	\$3,541,145	
	Kisumu	OVC and DREAMS	\$20,062,689	
	Siaya	OVC only	\$4,930,746	
11	Homa Bay	OVC and DREAMS	\$21,558,018	\$44,218,553
	Kisii	OVC only	\$2,865,836	
	Migori	OVC and DREAMS	\$19,794,698	

I. Purpose

The purpose of the KHPQS is to increase use of quality county-led health and social services in select counties in Kenya. This is a service delivery project at the county level, providing HIV care and treatment;

services to orphans and vulnerable children (OVC) and adolescents; and services in the areas of family planning/reproductive, maternal, newborn, child and adolescent health (FP/RMNCAH), nutrition, and water, sanitation and hygiene (WASH). The KHPQS will support the Government of Kenya (GoK) in attaining its goal of addressing the HIV/AIDS response, safeguarding the rights and welfare of children and adolescents impacted by HIV/AIDS, and ensuring equitable access to and use of quality primary health care services including/RMNCAH, Nutrition, WASH services by the most vulnerable.

The KHPQS will contribute to attaining the Sustainable Development Goals, which seek to attain the health and overall well-being of men, women, children, and adolescents. The planned activities will enhance the capacity of county health and social services systems and structures to provide care and support for people living with HIV (PLHIV), OVC and their families, women, children, and youth in a sustainable way. The strong partnerships thus created will reduce dependence on foreign assistance while supporting the Journey to Self-Reliance (J2SR).

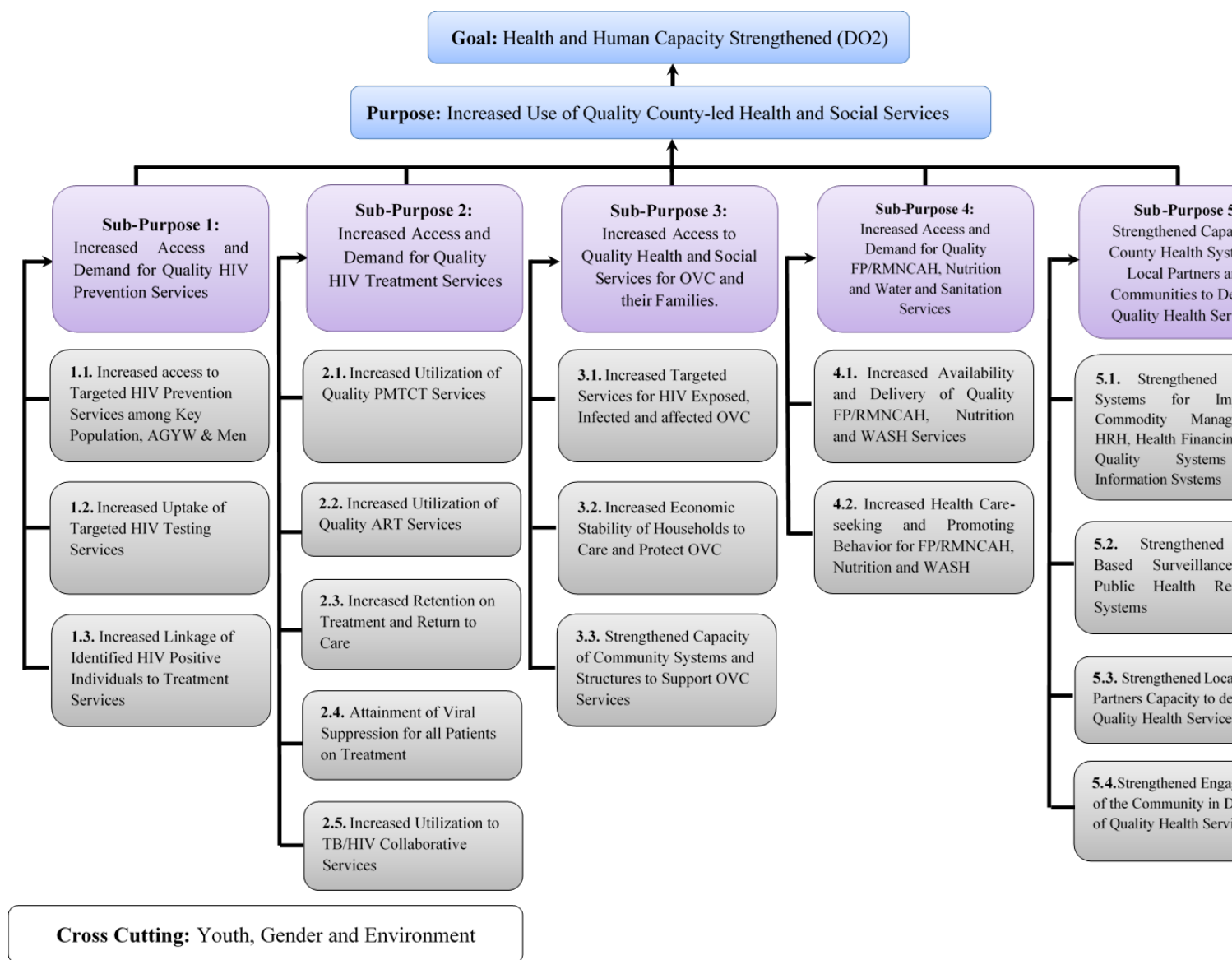
USAID/Kenya and East (USAID/KEA's) goal under the Development Objective 2 (DO2) is to strengthen Health and Human Capacity. The purpose of KHPQS is to increase use of quality county-led health and social services in targeted counties in Kenya.

The Sub-purposes are as follows:

1. Increased Access and Demand for Quality HIV Prevention Services.
2. Increased Access and Demand for Quality HIV Treatment Services.
3. Increased Access to Quality Health and Social Services for OVC and their Families.
4. Increased Access and Demand for Quality Family Planning, Reproductive Maternal Newborn Child and Adolescent Health (FP/RMNCAH), Nutrition and Water and Sanitation Services
5. Strengthened Capacity of County Health Systems, Local Partners and Communities to Deliver Quality Health Services.

This program description responds to sub-purposes 1 and 3. No level of effort is required on sub-purpose 2,4 and 5.

KHPQS Partnership Implementation Framework



II. Background

Kenya is a lower-middle income country with a population of 47.6 million and a gross national income per capita of \$1,340 (KNBS 2019; World Bank 2015). Youths (<35 years) make up about 75 percent of the population, with a gender distribution of 48 per cent male and 52 percent female. Government health expenditure as a proportion of total government expenditure increased from 6.1 percent in 2012/13¹ to 6.7 percent in 2015/16² and further rose to 9.2 percent in 2018/19³, with contributions to HIV/AIDS increasing from 18.8 percent in 2012/13 to 25.5 percent in 2015/16².

Kenya demonstrates bold leadership in supporting the Sustainable Development Goals. The Kenya AIDS Strategic Framework 2014/15–2018/19 is fully aligned with the global 90-90-90 targets for 2020 set by UNAIDS with the aim of ending AIDS as a public health threat by 2030. The goal is to have 90 percent of all PLHIV knowing their HIV status; 90 percent of all people with a diagnosed HIV infection receiving sustained antiretroviral therapy (ART); and 90 percent of all people receiving antiretroviral therapy being virally suppressed. The GoK has fast-tracked key policy shifts to meet these ambitious targets.

In 2008, Kenya launched Vision 2030, a long-term development blueprint to transform Kenya into “a newly industrializing, middle-income country providing a high quality of life to all its citizens in a clean and secure environment.” Vision 2030 has three main pillars: economic, political and social – with the health sector covered by the latter. In 2010, Kenya passed a new constitution guaranteeing the rights to life, health, and clean and safe water in adequate quantities, as well children’s rights. The right to health includes reproductive health care. In June 2013, President Uhuru Kenyatta announced a policy for free primary health care for expectant mothers and increase access to affordable health care. It responds to the rights highlighted above and the Vision 2030 goals.

The 2010 constitution devolved the central government and distributed certain functions between the national government and 47 county governments that were newly created at sub-national level. Health is one of the functions that was devolved to the counties, except for national referral health facilities and the development of health policy. Ensuring sustainable financing for health services remains a challenge, given the complexity of sharing resources between the 47 counties and the national government. Kenya is nevertheless on course in implementing programs to achieve its vision of a globally competitive and prosperous country with a high quality of life by 2030. The health sector was prioritized in 2018 with the launch of the Big Four agenda. One of the action plans under the agenda is universal health coverage, which aims to ensure that citizens have access to quality health care services without experiencing financial hardship.

¹ National Health Accounts (NHA 2012/13)

² National Health Accounts (NHA 2015/16)

³ Ministry of Health National and County Health Budget Analysis (2018/19)

A. HIV in Kenya

UNAIDS estimates that a total of 1,495,259 adults and children are living with HIV in Kenya, with children accounting for 6.6 percent. Kenya is estimated to have approximately 40,667 new HIV infections and 19,362 HIV-related deaths per year⁴. The national HIV prevalence among adults (15-49 years old) is estimated at 4.2 percent and varies widely by geographic region, ranging from 0.2 percent in Mandera and Wajir counties to 17.9 percent in Homa Bay⁴. Females, especially young women, are disproportionately affected, with a higher HIV prevalence compared to their male counterparts (6.1 percent versus 3.4 percent respectively among those aged 15-49)⁴.

Overall, significant progress has been made in the number of PLHIV who know their status and are enrolled in ART. By the end of September 2019, 142,361 PLHIV had been identified as positive for HIV in the preceding 12 months and a total of 1,143,294 were receiving lifesaving ART (PEPFAR Panorama 2019). This was largely facilitated by the strong collaboration between the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the GoK, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) and other key stakeholders, accelerating Kenya's efforts to achieve the 90-90-90 targets by 2020. Significant achievements include the rapid rollout of Test and Start guidelines, differentiated care models, and robust defaulter management systems to minimize loss to follow-up and maximize retention in care and treatment. Overall, new infections and all-cause mortality among PLHIV has been significantly reduced in Kenya between 2010 and 2019, while ART coverage has gone up (Kenya HIV Estimates, 2020).

To address HIV prevention needs for adolescent girls and young women (AGYW), Kenya scaled up implementation of interventions through the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program. The goal of the DREAMS Kenya Program is to reduce new HIV infections and violence, as well as improving the response to violence among AGYW. At the end of December 2019, a total of 324,667 AGYW (aged 9-24 years) were enrolled in the seven DREAMS sub-national units (Homa Bay, Siaya, Kisumu, Migori, Nairobi, Kiambu and Mombasa), against a target of 252,000. Beyond enrollment, a key focus of the DREAMS initiative is HIV prevention and risk avoidance for AGYW through a combination and layering of age-appropriate, evidence-based interventions. USAID will prioritize strategic shifts that will include phasing out cash transfers and phasing in vocational training for young women.

HIV Kenya National Response

The GoK has led a strong response to the HIV epidemic since it was first identified. The National AIDS Control Council (NACC), a parastatal under the Ministry of Health (MOH) is primarily responsible for coordinating the multisectoral HIV/AIDS response in Kenya. As the GoK agency responsible for Kenya's HIV results, NACC has the legal mandate for HIV policy formulation, coordination of partners and research, communication and advocacy, management of a national AIDS management information system and resource mobilization. The National AIDS and STI Control Program (NAS COP), a unit within the MOH, has the mandate to lead the health sector response to HIV/AIDS. Together NACC and NAS COP have responsibility for the coordination of the national response along with development of guidelines and oversight for implementation of prevention, care, and treatment services, while Counties focus on service delivery.

⁴ Kenya HIV Estimates 2020

The Kenya AIDS Strategic Framework and the Kenya HIV Prevention Revolution Roadmap documents outline the national multi-sectoral and epidemiological HIV response. The Roadmap highlights the need to focus the response using the latest epidemiology and key drivers of the epidemic. In particular, the counties of Homabay, Kisumu, Nairobi and Siaya are seen as focal points for intervention. And, while the preponderance of transmission occurs heterosexually, men who have sex with men (MSM), transgender (TG), along with female sex workers (FSW) and people who inject drugs (PWID) are considered key populations (KPs) for intervention.

The GoK manages resources both from their own treasury as well as grants to Kenya through the GFATM. These resources are utilized in support of facility infrastructure, human resources and commodities needed to mount the national response.

The President's Emergency Plan for AIDS Relief (PEPFAR) in Kenya

To support these common goals, PEPFAR resource allocation is aligned to the county-specific needs for HIV epidemic control. Utilizing Kenya Population HIV Impact Assessment (KENPHIA), Spectrum, and program data, resource needs are identified to close the county-level gaps in ART coverage and HIV incidence. In addition, resource needs are identified at county level, to address population specific gaps such as HIV prevention among AGYW and KPs, as well as treatment gaps among children, adolescents, and young people are identified at county level.

PEPFAR began in 2004 in Kenya when there were fewer than 10,000 Kenyans receiving ART. Over the ensuing 15+ years, the initiative has grown in both funding and coverage to the extent that by the end of March 2020, over 1,160,000 Kenyans were receiving ART through the support of PEPFAR in conjunction with the GoK and the GFATM. In this same period, a more data focused approach to programming resources has emerged as the knowledge and guidelines for the prevention and treatment of HIV have changed. The PEPFAR program in Kenya is implemented jointly by the Centers for Disease Control and Prevention (CDC), U.S. Department of Defense (DOD), the Peace Corps, the Department of State, and USAID. In conjunction with the GoK and civil society, this consortium of U.S. government departments and agencies devise the annual Country Operational Plan (COP) and implement activities utilizing local and international partners.

PEPFAR Kenya's overarching goal is to support Kenya's effort to achieve and sustain HIV epidemic control through epidemiologically informed population and geographic targeting, by focusing on efficient identification modalities, close partner and site monitoring, and accelerated national and county government ownership and self-reliance for HIV programming. In its COP20 guidance, PEPFAR set a 95-95-95 target that will guide the activities under the KHPQS. The 95-95-95 targets set by PEPFAR are aimed at epidemic control by 95 percent of people living with HIV who know their status, 95 percent of people who know their status accessing treatment, and 95 percent of people on treatment having suppressed viral loads across all ages, genders, and at-risk groups by September 2021.

PEPFAR/ Kenya will prioritize resources with geographic and programmatic shifts based on the current HIV needs. The geographic shifts will entail categorization of counties into a) High ART Coverage b) Medium ART Coverage c) Low ART Coverage. Overall, eleven (11) High ART coverage counties ($\geq 80\%$ ART coverage) with continued high HIV incidence represent approximately 56% of new HIV infections. These counties are allocated resources to maintain the large ART cohort, adopt a public health approach to HIV case

identification, and enhance HIV prevention. Fourteen (14) counties are categorized as Medium ART Coverage (70%-79% ART coverage) and are allocated resources to close the gap in case identification through optimized testing while working to improve on retention. Fifteen (15) counties that are categorized as Low ART Coverage (less than 70% coverage), contribute to 25% of the HIV burden but 45% of unmet need. These counties are allocated resources for intensified HIV case finding and improved linkage and retention on ART. Special consideration is made for counties with unique ART coverage and retention challenges with the nomadic populations, such as Turkana, Narok, and Kajiado counties.

The Kenya eMTCT framework for elimination of mother-to-child transmission of HIV and Syphilis 2016-2021 commits the country to be validated in 2021. A mid-term target for 2019 is to achieve <5% Mother to Child Transmission (MTCT) rates and 90% coverage for ANC attendance, HIV and Syphilis testing and treatment among pregnant women. The end-term goal will be achieved by sustaining the mid-term targets for at least two subsequent years. According to the 2020 spectrum there are 59,937 women in need of PMTCT. Missed opportunities have seen the MTCT rate rise to 11% translating into 6,593 new pediatric HIV cases. A review of program data indicates that 50% of infant HIV infections occurred in 7 high-burden counties with lower MTCT rate of ~9% (APR19) as referenced in Annexes. The medium- and low-burden counties had higher MTCT rates but, overall, contributed to a lower number of new HIV infections.

Optimal case identification and durable viral suppression remain critical goals in these efforts toward HIV epidemic control. Case identification through recency testing will help detect recent HIV infections among all newly diagnosed individuals in real-time linking this activity to index testing and other case finding modalities to increase HIV-positive yield of testing services. Recency testing will be rolled out nationally, with an initial focus in High and Medium ART Coverage counties, to monitor trends in the proportion of new infections.

The country has adopted and implemented differentiated service delivery models, including six-month multi-month scripting (MMS) to improve ART coverage among men and adolescents. The 2018 ART guidelines also envisaged treatment optimization with not only the scale up of Tenofovir Lamivudine and Dolutegravir (TLD) which has now been updated to include women of childbearing potential, but also transition of older treatment regimens for children and adolescents. On Viral load suppression, PEPFAR Kenya has continued to register favorable outcomes with an overall suppression rate of 90%, however, gaps do remain with certain populations such as very young children (<1yr) and adolescents (10-19yrs) with overall rates at 76%.

PEPFAR/Kenya will shift towards country and county led ART response and pilot government-to-government funding towards a more sustainable HIV/AIDS program with different implementation modalities tailored to a county's capacity and commitment to self-reliance while encouraging increased investments and responsibilities for the GoK. The program will ensure Human Resources for Health (HRH) efficiencies such as reductions in the number of program management staff by merging Technical Advisory (TA) teams, rightsizing and redistribution of staff across facilities in line with efficient testing and differentiated care models. These envisioned shifts will be effectuated with policy backing.

A sustainable HIV epidemic response needs both national and county governments to increase budgetary allocations towards HIV epidemic control interventions with a corresponding significant reduction in donor dependency. PEPFAR/Kenya will initiate deliberate actions geared towards reaching out and sensitizing key

influencers and decision makers at all levels of government, in a bid to secure increased domestic resources allocation and use. The private sector will also be engaged as they form part of the broader health economy. The PEPFAR/ Kenya team continues to engage all stakeholders in Kenya who support efforts towards epidemic control. The PEPFAR Team will continue to ensure engagement of Community Based Organizations (CBOs), Civil Society Organizations (CSOs) including FBOs, the private sector, UNAIDS and UN Country Team (UNCT), GFATM as well as GoK to address program issues and priorities raised as a means to achieving epidemic control in Kenya.

B. OVC in Kenya

Kenya's OVC population is estimated at 2.3 million children (NACC 2018 Kenya Estimates; 2019). Among them are about 850,000 children under 17 years old who were orphaned due to AIDS (UNAIDS 2018). There were approximately 8,000 new infections among children under 15 years old in 2018. The majority of young PLHIV and the OVC with the highest risk of contracting HIV live in high HIV burden Counties.

An OVC is defined by PEPFAR and the GoK as "a child who is 0-17 years old, who has lost a parent to HIV/AIDS, who is otherwise directly affected by the disease or lives in areas of high HIV prevalence, and may be vulnerable to the disease or its socioeconomic effects." Key HIV risk factors among OVC include school dropouts, teen pregnancies, exposure to violence and exploitative labor. USAID will prioritize OVC living with HIV, at high risk of contracting HIV, residing in HIV-infected households and eligible for a GoK social protection/safety net program. The link to GoK social protection is vital to building strong national and county partnerships that ensure a smooth transition of PEPFAR beneficiary households and reduce dependence on U.S. foreign assistance, thereby supporting J2SR.

The USAID/KEA OVC program aligns with the PEPFAR COP and "Pivot Strategy." The latter requires OVC programs to evolve in order to target and prioritize areas with a high HIV burden and with the most children and adolescents in need of HIV-related interventions, with the goal of applying efficient and effective interventions to sustain the gains of HIV epidemic control. Planned activities will align with the principles, approaches, strategies and priority interventions outlined in the following: Kenya National Children's Policy, 2010; Kenya Minimum Service Standards for Quality Improvement of OVC Programs, 2012; PEPFAR Guidance for OVC programming, 2012 OVC Guidance; Kenya's National Plan of Action for Children, 2015–2022; and associated strategic plans and frameworks.

The goal of the OVC programming is to contribute to the improved well-being of highly vulnerable children and adolescents living in high and medium HIV burden counties. USAID/KEA's activities will invest in building a strategic and strong partnership with the GoK to ensure and safeguard the rights and welfare of children. The activities will build upon USAID/KEA's previous experience and lessons learned in programming for OVC at county, sub-county, ward and household levels.

C. Family Planning/Reproductive, Maternal, Newborn, Child and Adolescent Health (FP/RMNCAH), Nutrition, and WASH Services in Kenya

The 2014 Kenya Demographic and Health Survey (KDHS)⁵ shows considerable improvements in the health of Kenya's citizens. Kenya has achieved the Millennium Development Goal 1 target for the rate of underweight children. There was marked reduction in child mortality while maternal mortality ratio largely remained unchanged. Comparison of 2008/9 KDHS data with that from 2014 shows:

- Overall improvement in nutritional status of infants and children: Stunting reduced from 35 to 26 percent; wasting from 7 to 4 percent; and exclusive breastfeeding increased from 32 to 61 percent. However, early initiation of breastfeeding (62%) and complementary feeding remain a challenge with only 22% of children between 6-23 months fed on a minimum acceptable diet. Additionally, the burden of overnutrition and its associated Non-Communicable Diseases (NCD) are on the increase (Global Nutrition report, 2019).
- Significant reductions in infant and under-five mortality: Infant mortality has reduced significantly from 52 to 39 deaths per 1,000 live births, while the under-five mortality rate has declined from 74 to 52 deaths per 1,000 live births. This is equivalent to about one in 26 Kenyan children dying before reaching age 1, and about one in every 19 not surviving to his or her fifth birthday.
- Gradual reductions in neonatal and maternal mortality: Neonatal mortality has declined more slowly than other early childhood mortality rates, declining from 31 to 22 deaths per 1,000 live births. The maternal mortality ratio (MMR) estimated by the 2014 KDHS was 362 maternal deaths per 100,000 live births, this is not a statistically significant change in MMR from the 2008/9 KDHS.
- Declining fertility and increased use of modern contraceptives: Kenya's total fertility rate has declined from 6.7 births per woman in 1989 to 3.9 births per woman in 2014. The total contraceptive prevalence rate (CPR) among married women has increased from 46 percent in 2008 to 58 percent in 2014 with use of modern methods increased from 39 to 53 percent.

Kenya's FP/RMNCAH progress can largely be attributed to GoK leadership; well-articulated national health strategies; supportive evidence-based policies⁶; coordinated partnerships; and expanded implementation of high impact interventions⁷. In particular, the scale up of effective malaria strategies; attention to immunization; provision of high-quality voluntary family planning services; and expansion of skilled birth attendance, have served to enhance the availability of critical services to an ever-growing population.

Despite national level progress in key FP/RMNCAH outcomes, vast health disparities remain pointing to an acute need to address inequalities; whether financial, geographic, or educational. The 2019 Kenya Population and Housing Census⁸ estimates the Kenyan population to be about 47.6 million, 31.1 percent of which is an ever-increasing urban population, and nearly 75 percent of Kenya's population are youth (under the age of 35) while 32.73 million (68.9%) live in rural areas. This demographic profile has an important

⁵ Available at <http://www.dhsprogram.com/publications/publication-fr308-dhs-final-reports.cfm>

⁶ Links to key GoK health policies, strategies and plans are available in Annex 1

⁷ High Impact Practices in Family Planning available at www.fphighimpactpractices.org

⁸ Available at <http://www.knbs.or.ke>

bearing on Kenya's future since a large youthful population has produced a population structure with a high dependency ratio. Moreover, KNBS reveals that only a little more than a third (34.2%) of households in the country had access to piped drinking water, and only 51.2% use covered pit latrine as a sanitation facility. This poses a threat in the gains made towards reducing child mortality rates due to diseases related to water, sanitation, and hygiene practices.

Furthermore, the 2014 KDHS revealed that Kenya's health profile varies across counties and includes vast disparities between rural versus urban populations as well as education and income quintiles. Since 2013 there has been considerable increase in the uptake of family planning with modern contraceptive prevalence estimated at 64 percent (USAID Acting on the Call Report, 2019) and skilled birth attendance has also increased to an estimated 70 percent (USAID Acting on the Call Report, 2019).

Situational overview of family planning, maternal and child health

The USAID Acting on the Call Report 2020 estimates that Kenya is on course to meet its 2030 global goals for antenatal care and skilled birth attendance. The fourth antenatal care visit is estimated at 60 percent and Skilled Birth Attendance (SBA) near 80 percent. Contraceptive prevalence is estimated at near 80 per cent, although there are regional variations. However, the situation among young adolescent girls is concerning.

A situational analysis study done by the MoH in 2016 showed that the median age of menarche in Kenya is 14.4 years (Menstrual Hygiene Policy 2020). According to a 2019 teenage pregnancy report by the National Council for Population and Development, the early sexual debut among teenage girls in Kenya means that one in five girls aged between 15 and 19 is either pregnant or has given birth. In poor households, 26 percent of teens are likely to experience teen pregnancy, compared to 10 percent in wealthier households. Teen pregnancies are fueled by rape, defilement, poverty, early marriage, peer influence, drug abuse and lack of youth-sensitive services. Rural women enter sexual activity, marry, and give birth earlier, but initiate contraceptives later than urban women (Performance Monitoring for Action 2020, Kenya 2019). Although the uptake of antenatal care and maternity services has improved following the introduction of the MoH's Linda Mama Initiative, which offers free services to pregnant women and children under five, the improvement has not been sustained across all counties because of inefficiencies in the initiative and industrial unrest among health workers.

Improvements in child health have been slow. Although measles coverage is estimated at over 80 percent, the MoH reported over 500,000 unimmunized children in Kenya in 2019. The management of childhood illness still needs to improve, especially the management of diarrhea, where the use of ORS and zinc is less than 60 percent.

D. Health Systems Strengthening

Over the years, GoK has continually worked to strengthen health systems. However, with devolution, weaknesses across the 47 health systems were accentuated. Variations in health systems, calls for county-specific tailored support to achieve optimal service delivery capacity. USAID/KEA has supported county health systems at various levels based on identified needs with significant levels of success. However, gaps remain which unless addressed, preclude achievement of HIV epidemic control, national goals around FP/RMNCAH and WASH outcomes, and sustainable UHC agenda. Health Systems Strengthening (HSS)

programming will focus on the key systems at the county level, including quality assurance, human resources for health, supply chain systems and health financing.

In Kenya's devolved health governance structure, the County is the administrative level overseeing health service delivery in the jurisdiction of health facilities and communities. The HSS programming will be key in ensuring the systems required at the National and County levels are strengthened and optimized to support effective service delivery. USAID/KEA's HSS architecture has a two-tier structure, supporting systems at the National and the County levels. The HSS programming will ensure that the National and County health systems including leadership and governance are strengthened to institute the necessary systems to support J2SR; and that important National and County health policy and systems barriers are addressed to respond to and/or result in a more responsive, sustainable and equitable health care delivery system that meets the needs of all, but in particular the most vulnerable households.

III. Guiding Principles

The following principles will serve as pillars for programming and implementation plans. These include incorporating tenets of key United States Government (USG) strategies and international mandates including the USAID Kenya Country Development Cooperation Strategy (CDCS), PEPFAR Country Operational Plan and PEPFAR OVC Guidance 2012.

- **J2SR.** USAID focuses on building countries' self-reliance defined as the ability of a country, including the government, civil society, and the private sector, to plan, finance, and implement solutions to solve its own development challenges. For counties, J2SR will be measured by how well implementers ensure that this program is county-owned, county-led and county-managed. J2SR reinforces both commitment and local capacity improvements. Commitment measures will include governance metrics as well as assessment of choices being made through host country actors' actions and policies towards attainment of self-reliance. Capacity will be measured on progress made by counties in their ability to plan, finance and manage their social, political and economic development journey. The approach fosters locally led development, mobilization of domestic and other financial resources, and building the capacity of local partners. It also focuses on increasing inclusion of community voices, especially those from youth, women and people with disabilities, to ensure greater collaboration, accountability, broad-based economic development, and well-being of all community members. USAID/KEA implementing partners working at the county level will be expected to support counties on their journey to self-reliance, aligned to USAID's approach. There will be a need for implementing partners to redefine relationships with local county partners from being beneficiaries to full-fledged partners; and working closely with counties to develop self-reliance matrices, put in place strategies for transition of interventions and legacy programs, enhance financing of interventions through county budgets towards self-reliance, and promote private sector engagement both for service delivery and financing of health interventions through partnerships and/or corporate social responsibility. The Health, Population and Nutrition (HPN) Office aims to redefine its relationship with the GoK local governments at the county level. The ability of implementing partners to directly work with county governments and enter into sub-awards is critical to achieve USAID's morbidity and mortality reduction goals, to strengthen the capacity and efficiency of local county governments, to advance USG policy directives, and to accelerate Kenya's journey to self-reliance. The recipient is expected to assess and build county capacity to plan, manage, and implement

solutions to health service delivery. Signing an MoU with each County to establish mutual accountability and using a milestone/output sub-award funding approach is highly recommended.

In addition, PEPFAR emphasizes enhanced sustained epidemic control through the 95- 95- 95 cascade by working with and building capacity of local partners and faith-based organizations. Therefore, there is a need to lay out a targeted approach to empowering and building the capacity across these stakeholders in order to facilitate the delivery of sustainable services.

- **Invest in Kenyan leadership, capacity, and systems for long-term ownership and sustainability.** USAID/KEA places an important focus on developing, supporting, and sustaining the considerable professional talent and institutional capabilities that exist within Kenya. Similarly, PEPFAR places high priority on engaging host county leadership to foster ownership. This requires an investment of time, effort, and resources in developing individual and local organization competencies, systems, and processes. Activities need to continue to support government and local implementing partners' ability to improve the quality of health and social services. Program outcomes need to reflect the effectiveness of leadership development.
- **Evidence-based Interventions.** The interventions need to align and directly respond to the needs of the people in Kenya, scaling up evidence-based models and employing proven patient-focused and family-centered approaches. Activities need to work with government and non-government actors to strengthen management systems to build a body of evidence to improve current and future health and social services programming.
- **Increase involvement of the private sector.** The activities should ensure they leverage strategic private sector partnerships and alliances to improve on health and social service delivery and utilize the partnerships created by the USAID private sector mechanism. The private sector offers expertise in implementing cost-effective models that can complement access to comprehensive services, maximize efficiency and enable beneficiaries and county governments to become self-sufficient through various opportunities in a segmented total market approach towards achieving health goals.
- **Integration and Linkages.** USAID/KEA supports the Government of Kenya in provision of TB/HIV, Care of OVC, malaria, Family Planning, Reproductive, Maternal, Child, Adolescent and Nutrition health services, as well as support for addressing emerging pandemic threats. These services are closely interconnected, with multiple entry points across the entire continuum of care. Service integration entails blending either some of the elements of, or all aspects of one service into the regular functioning of another service. A key prerequisite to successful integration is the strength of the primary service into which elements of another service are to be integrated. The purpose of integration is to ensure that services provided at health facilities and in communities reach the beneficiaries in both client and family centered approaches where all needs of the beneficiary are addressed, hence achieving the desired goal of a healthy family. In addition, this ensures gains are made in efficiencies, hence better and sustained outcomes achieved amongst the populations within constrained resource environments.
- **Ensure strategic partnerships, collaboration and coordination.** USAID is committed to a multi-faceted collaborating, learning, and adapting (CLA) approach to development. All implementing partners need

to work in their respective geographic areas to ensure strong and active collaboration and coordination between beneficiaries, the GoK, county governments, multi-sectoral structures, community and faith based organizations (CBOs/FBOs), other USG-funded programs and other development partners by integrating CLA framework within, and among implementing partners, GoK, civil society, community volunteers to strengthen the discipline of development and improve aid effectiveness. This will generate a learning cycle with the citizens as well as USG programs that include HIV prevention, treatment and care, child survival programs, (e.g., malaria, maternal, neonatal, child health and reproductive health), nutrition, agriculture, food security and economic growth and education and youth programs. The program is expected to develop and maintain an on-going learning agenda to accelerate program adaptation for continuous improvement in performance and efficiencies

All implementing partners need to work closely with county government and health facilities through a transformational partnership arrangement that clearly establishes roles and responsibilities in terms of budgets, implementation modalities, actions and work plans. Working under framework agreements between the county government and USAID, the implementing partner is expected to quantify host county contributions, both budgetary and in-kind, to frame all work as a strategic partnership with clear milestones to accelerate transitions of staff, budgets and community engagement. Direct support to county governments must include robust accountability, oversight and compliance of the use and effectiveness of USG resources. Monitoring of performance must include data by facility and county, and frequency in accordance with USAID/KEA standards to accelerate learning and ensure performance targets are met.

All implementing partners need to build synergies across sectors, and leverage resources, including with major donors and agencies such as the World Bank, UNICEF, World Food Program and GoK long-standing cash transfer programs, social economic inclusion programs (KESIP), and Health Insurance Fund among others to increase access to, and complement health and social services for the vulnerable and marginalized populations, minimize duplication of effort and reduce transaction costs.

All implementing partners need to collaborate with USAID supported partners working in a specific geographical area to develop an integrated approach in support of county health services in order to jointly provide holistic health services through strengthening health systems and community structures. The approach can, but is not limited to activities such as co-creation, planning and management, joint monitoring, support supervision and overall coordination. The integrated approach of implementing projects has been shown to reduce costs, avoid duplication of certain activities, reduce inconsistency in providing a recommended package of care while leveraging resources among the partners.

- **Gender.** Both USAID and the PEPFAR blueprint include a focus on gender equality. USAID/KEA is committed to addressing inequities and harmful gender norms that place people at risk of disease, poor health, and violence. Women are more impacted on many of the social, health and economic dimensions. They also have less accurate knowledge of symptoms and preventive behaviors limiting their adoption of appropriate actions to improve health. This activity needs to improve access to and uptake of evidence-based health and social interventions by addressing gender and resource inequities, or other barriers to accessing and using services. This includes working with CBOs and CSOs and applying rights-based approaches; leveraging or improving demand side financing mechanisms such as savings

clubs, community health insurance, or voucher schemes for food and nutrition related activities; advancing respectful and culturally competent care for women and families. Since men and women, girls and boys, access and use services differently, proposed activities should continue to use a gender lens. All interventions must align to USAID’s Gender Equality and Female Empowerment Policy and the PEPFAR Gender Framework.

- **Total Quality Management.** USAID/KEA and its implementing partners apply total quality management (TQM) in internal operations, engagement with beneficiaries and engagement with other stakeholders in the sectors and geographical areas of implementation. USAID/KEA and its implementing partners take a keen focus on the needs of the activities’ beneficiaries and endeavor to exceed their expectations. Therefore, it is strongly anticipated there will be stakeholder involvement in decision making and implementation in achieving the goals of the activities. Likewise, there needs to be a process approach of associating the program activities with the available resources and to ensure coordination among different interconnected interventions. Continual improvement is key in the implementation of the activities; this is facilitated by data collected and analyzed during the life of the activities. In the end, all activities need to be managed in a way that they’re mutually beneficial to all stakeholders to ensure effectiveness, efficiency, transparency and accountability in the implementation of the program. This will also ensure value for money for the resources used in the achievement of the program outcomes and impact.
- **Stakeholders contribution (Financial and non-financial).** USAID/KEA recognizes the contribution of other actors in the health and social sectors within the geographical areas where the activities will be implemented. USAID/KEA’s implementing partners will be expected to put in place systems to quantify, track and report on financial and in-kind contributions of all stakeholders implementing similar activities within their sector and geographical location. Leveraging and funding that is parallel to USG funding and in-kind contributions will be included. This will play a significant role in building collaborations, as well as tracking and coordinating investments to enhance accountability to the Kenyan people.

Cluster 7

Estimated cost: \$ 24,561,531

This cluster covers counties of Kilifi and Mombasa and it is anticipated OVC programs will be implemented in both counties. Mombasa is a high HIV burden and incidence county and therefore, it is anticipated that DREAMS will be implemented there. It is anticipated that the OVC partner can integrate DREAMS by incorporating a service package targeting AGYW (10-24 years) who are at the highest risk of HIV infection.

Cluster 7 Counties	Program Area	Result Area	Total Estimated Cost
Kilifi	OVC only	Sub purpose 3:	\$ 5,627,556
Mombasa	OVC and DREAMS	Sub purpose 1; Sub purpose 3:	\$ 18,933,975
Grand Total			\$ 24,561,531

Cluster 8

Estimated cost: \$ 55,418,628

This cluster is anticipated to be implemented in Kiambu and Nairobi counties. These are both high HIV burden and incidence counties. The OVC activities are expected to integrate with DREAMS. A service package targeting AGYW (10-24 years) who are at the highest risk of HIV infection need to be implemented.

Cluster 8 Counties	Program Area	Result Area	Total Estimated Cost
Kiambu	OVC and DREAMS	Sub purpose 1; Sub purpose 3:	\$ 16,664,041
Nairobi	OVC and DREAMS	Sub purpose 1; Sub purpose 3:	\$ 38,754,587
Grand Total			\$ 55,418,628

Cluster 9

Estimated cost: \$ 8,965,271

This cluster is an OVC stand-alone program covering Kajiado, Nakuru, Muranga, Kitui, Machakos, and Makueni counties. These are high burden counties at various levels of ART coverage and unmet need and with a high number of OVC. It is anticipated that the recipient can focus on the delivery of quality OVC services that combine household economic strengthening activities with proven effectiveness and efficiency to facilitate a clear process of transition as well as using case management approaches to ensure access to the full range of age-appropriate health services. For CLHIV, this includes enhanced ART adherence and retention, viral suppression, disclosure and positive living.

Cluster 9 Counties	Program Area	Result Area	Total Estimated Cost
Kajiado	OVC only	Sub purpose 3	\$ 864,442
Nakuru	OVC only	Sub purpose 3	\$ 4,624,720
Muranga	OVC only	Sub purpose 3	\$ 805,636
Kitui	OVC only	Sub purpose 3	\$ 658,382
Machakos	OVC only	Sub purpose 3	\$ 1,073,250
Makueni	OVC only	Sub purpose 3	\$ 938,841
Grand Total			\$ 8,965,271

Cluster 10

Estimated cost: \$ 34,649,055

This cluster is expected to be a stand-alone OVC program in the counties of Bungoma, Busia, Kakamega Kisumu, and Siaya. Kisumu being a high HIV burden and Incidence County, the OVC program should incorporate the DREAMS component. These are high burden counties at various levels of ART coverage and unmet need and with a high number of OVC. This model is expected to enable the recipient to focus on the delivery of quality OVC services that combine household economic strengthening activities with proven effectiveness and efficiency to facilitate a clear process of transition as well as using case management approaches to ensure access to the full range of age-appropriate health services. For CLHIV, it is anticipated to enhance ART adherence and retention, viral suppression, disclosure and positive living.

Cluster 10 Counties	Program Area	Result Area	Total Estimated Cost
Bungoma	OVC only	Sub purpose 3	\$ 2,252,481
Busia	OVC only	Sub purpose 3	\$ 3,861,994

Kakamega	OVC only	Sub purpose 3	\$ 3,541,145
Kisumu	OVC and DREAMS	Sub purpose 1; Sub purpose 3:	\$ 20,062,689
Siaya	OVC only	Sub purpose 3	\$ 4,930,746
Grand Total			\$ 34,649,055

Cluster 11

Estimated cost: \$ 44,218,553

This cluster covers the South Nyanza counties of Homabay, Kisii and Migori with OVC activities. Homabay and Migori are high HIV burden and incidence counties and the OVC program needs to incorporate the DREAMS component. These are high burden counties at various levels of ART coverage and unmet need and with a high number of OVC. The recipient can focus on the delivery of quality OVC services that combine household economic strengthening activities with proven effectiveness and efficiency to facilitate a clear process of transition as well as using case management approaches to ensure access to the full range of age-appropriate health services. For CLHIV, this should enhance ART adherence and retention, viral suppression, disclosure and positive living.

Cluster 11 Counties	Program Area	Result Area	Total Estimated Cost
Homa Bay	OVC and DREAMS	Sub purpose 1; Sub purpose 3:	\$ 21,558,018
Kisii	OVC only	Sub purpose 3	\$ 2,865,836
Migori	OVC and DREAMS	Sub purpose 1; Sub purpose 3:	\$ 19,794,698
Grand Total			\$ 44,218,553

SUB-PURPOSES

1. Increased Access and Demand to Quality HIV Prevention Services

1.1. Increased Access and Demand to Targeted HIV Prevention Services among Key Population, AGYW and Men

To achieve this result, the recipient needs to identify and target priority geographic areas where key populations are concentrated, analyze HIV risk and vulnerability, and implement targeted HIV combination prevention packages to avoid HIV transmission. In target areas, the recipient should enhance the quality of the comprehensive package for SWs, MSM, TG, and PWID ensuring optimal coverage, HIV testing, linkage of identified HIV positive individuals to treatment, treatment retention and viral suppression. ART coverage is still low among Key Populations in Kenya, a gap that the recipient needs to address.

The goal of the DREAMS Kenya Program is to reduce new HIV infections, reduce violence and response to violence among adolescent girls and young women (AGYW), aged 9-24 years. The recipient should provide a comprehensive evidence-informed package of biomedical, behavioral and social protection interventions that address individual, familial, community and structural factors that increase girls' HIV risk. The package of interventions includes HIV Testing Services (HTS) and linkage to ART; Pre Exposure Prophylaxis(PrEP) promotion and provision; Condom education and provision; contraceptive method mix; post-violence care; school and community-based HIV and violence prevention; social asset building; educational subsidies; parenting/caregiver programs, combined socio-economic approaches; community mobilization and norms change and characterization of male sexual partners (MSP) of AGYW ages 15-24 and linkage to Condoms, HTS, Voluntary Medical Male Circumcision(VMMC) and ART.

Expected Outcomes:

- >90% of estimated Key Population in target geographic regions reached with a minimum package of services including HIV testing.
- 95% of all HIV positive Key Population individuals identified, 95% linked to treatment and 95% virally suppressed.
- >90% of vulnerable AGYW reached with a defined package of services in HIV high burden counties
- >90% of uncircumcised men in traditionally non-circumcising communities within high HIV burden counties circumcised
- >90 of high-risk individuals in target geographic region initiated on PrEP
- >90 of injecting drug users initiated and retained on MAT

1.2. Increased Uptake of Targeted HIV Testing Services

Case finding is the single most critical step to reaching PEPFAR 95/95/95 goals. The first "95" of the PEPFAR goals is to identify 95% of HIV infected individuals and is the gateway to accessing prevention and treatment services. Annual progress reports over recent years indicate that increasingly fewer clients are getting onto treatment. A strategic mix of HTS modalities (tailored to local epidemiology) are required to improve testing coverage (especially among young men and women), yield and efficiency of HIV testing services.

Efficient testing strategies need to include proven approaches, such as testing sexual networks of people recently diagnosed with HIV infection and optimizing the right mix of facility-based testing, community-

based testing, and self-testing for each context. The barriers and drivers for men and young people who have not yet been reached require innovative strategies.

The recipient should maintain a set of minimum standards that assures dignified determination of HIV status. This is in keeping with the 5Cs (consent irrespective of gender identification, confidentiality, correct results, and connecting to requisite services including sexual and gender based violence (GBV). The recipient should also conduct intimate partner violence assessment particularly among emancipated adolescent girls and young women as well as other vulnerable populations. Testing should not be coerced and first line response (LIVES) to SGBV needs to be provided where IPV is detected. Monitoring tools should be designed to capture adverse events by gender and detail the same in reporting systems. Finally, the recipient needs to provide safe and ethical training and supervision, bearing in mind gender dynamics on index testing procedures.

Expected Outcomes:

- >95% of HIV+ individuals in each discrete geographic area identified through HIV testing services; and
- 95% of individuals identified as positive through HIV testing services physically linked to a clinical treatment facility.

1.3. Increased Linkage of Identified HIV Positive Individuals to Treatment Services

WHO and Kenya ART guidelines recommend rapid ART initiation, including same-day ART, be offered to all PLHIV following confirmed HIV diagnosis to reduce mortality and loss to care after diagnosis. Optimal linkage to treatment services for identified HIV infected individuals is critical to achieving the second and third “95” goals. While a large proportion have been linked and started on treatment, a significant proportion of PLHIV still do not link to treatment.

Patients once identified as positive are expected to be immediately linked to a facility where they can be re-tested and enrolled into clinical care once confirmed positive. This “linkage” step has been a challenge, and as the number of sites where an individual can be tested has grown, the connection to a given facility for further clinical services has been weakened. Activities under this objective are expected to create more formalized systems to ensure that individuals, once tested positive, are captured and retained in clinical services.

Expected Outcomes:

- ≥95% of individuals testing positive for HIV being initiated on ART within 2 weeks of identification.
- >95% of individuals who know their status are on ART; and
- 95% of HIV+ clients are retained within the system.

3. Increased Access to Quality Health and Social Services for OVC and their Families

Recipients is expected to provide approaches that demonstrate effective Case Management Approach (CMA) that are child-focused, family-centered and engage para-social workforce for sustainable benefits. CMA in the context of OVC programs, is the process of identifying vulnerable children and families; assessing their needs and resources; working together to establish specific, realistic objectives and goals and planning

actions to achieve objectives and goals; implementing plans through completing specific actions and receiving services that ensure children are healthy, schooled, safe and stable; monitoring both the completion of actions (including the receipt of services in a timely, context-sensitive, individualized, and family-centered manner) and progress toward achievement of objectives/goals (e.g., child protection and well-being, including HIV prevention, treatment, and adherence).

Case management involves significant collaboration with the client unit—generally a family or household, including a child or children and their caregiver(s)—and utilizes problem-solving. Increased temperatures and extreme climate-related events due to climate change such as floods may increase the prevalence of heat-related or water-borne diseases, or otherwise negatively impact the health of administrators and participants during travel to or participation, or may damage or impede access routes for Case Managers (CM) or CHVs to access OVC HHs.

Social service workforce creates protective environments for healthy development and well-being. It is an essential component of an effective case management approach. This workforce is a critical constituent of a social service system both the social welfare and protection of vulnerable populations at all levels. It includes elements of preventative, responsive and promotive. At a micro level, social services workforce are typically community level para-social workers, mainly volunteer in nature recognized as a critical link between the community-based, or informal system, and the more formal structured system. They work with, for example, with community leaders including traditional and religious leaders and other faith communities to identify, respond to, and prevent risks that threaten the protection and well-being of vulnerable populations.

The recipient needs to demonstrate strategies to achieve collaboration and strategic interactions with diverse actors including meaningful engagement of the para-social workforce to improve the well-being of OVC and their families more sustainably.

3.1 Increased Targeted Services for HIV Exposed, Infected and affected OVC

The entry point into a household is a child living with HIV, or living in a household with a PLHIV, or is an exposed infant, or is an adolescent at high risk for contracting HIV (e.g., pregnant teenager, child-headed household, out of school, or engaging in exploitative labor or a transactional relationship). From this entry point, other children in the household are assessed to determine if a care plan is needed and to inform a referral system that links enrollees to appropriate services. The recipient is expected to demonstrate an increased focus on CLHIV, exposed children and children of PLHIV by prioritizing their identification and enrollment via HIV clinical entry points and community referrals. Recipients should demonstrate integrated and efficient approaches to accessing comprehensive services directly and indirectly. The recipient needs to demonstrate approaches and emerging evidence-based strategies that promote systematic coordination with clear roles and responsibilities, bi-directional referral pathways, and integration with care and treatment facilities to ensure that all CLHIV and adolescents enrolled in the OVC program are retained on treatment, and virally suppressed, linked to other social services and adequately prepared to transition to adult care.

Enrollees of the program should have access to the full range of age-appropriate health services including immunization, food and nutrition support, growth monitoring, early childhood development, maternal and child health services, deworming, TB, malaria, sexual and reproductive health. The recipient should

demonstrate strategies that leverage on existing Pediatric, PMTCT, and Mother and Child Health (MCH) interventions to reach children <5 years and track sick and malnourished children.

The recipient is expected to support OVC in accessing both primary and secondary education, by addressing barriers to improving the educational outcomes - enrollment, attendance, and progression particularly for adolescent girls. The recipient will explore evidence-based interventions that prevent HIV and sexual violence among different age cohorts 9-14 years and 15-17 years, respectively, that focus on preventing risk before it occurs as well as reducing risk or consequences of exposure to risks among these age groups. As part of rights-based and gender transformative programming, the recipient is expected to track improvements in the prevention and responses to gender-based violence and exploitation. The recipient is expected to demonstrate effective interventions to address specific activities in the national violence against children survey (VACS - 2018), Response Plan, working closely with the Department of Children's Services and other stakeholders to disseminate and use the findings contextualized to target counties.

Expected Outcomes:

- 100% of OVC with known risks of HIV and violence have access to comprehensive services
- 90% of enrolled CLHIV, exposed children and children of PLHIV and adolescents most- at-risk enrolled.
- 100% of eligible children screened for HIV testing and tested
- 95% of identified CLHIV linked to treatment
- 95% retention among enrolled CLHIV
- >90% of enrolled OVC with legal documents (birth certificates)
- >90% of enrolled OVC attending and progressing in school
- 50% of eligible OVC accessing market-driven livelihood activities e.g., vocational, apprenticeship and entrepreneurial skills training
- 100% linkage of eligible OVC to DREAMS services for adolescent and young pregnant girls such as safe spaces in target counties.

3.2 Increased Economic Stability of Households to Care and Protect OVC

Resilient families are much better positioned for graduation from assistance and able to provide for their children more sustainably. The recipient is expected to work directly with local partners to help families implement effective HES interventions to expand assets, improve household welfare and prevent future risk exposure, including interventions that strengthen the linkages to clinical/facility-based and other socio-economic services within the Kenyan household contexts. To achieve this, well defined benchmarks and outcomes are essential. The HES activities should address the unique needs of the target households, with clear timeframes and measurable criteria for graduating beneficiaries from program support within 2-3 years. Recipients are expected to support OVC caregivers and adolescents to be more resilient to financial shocks, achieve improved livelihoods as well as referrals and enrollment in GoK social protection programs. Strengthening families is expected to allow them to reclaim their roles as primary caregivers.

Graduation and Transition

In line with the geographical PEPFAR Pivot Strategy, OVC activities must clearly demonstrate approaches to preparing children and families who have attained a certain level of resilience and no longer require support

for eventual graduation from the program. Similarly, clear exit and/or transition strategies to other providers are needed for children and families who still need mitigation services. The recipient is expected to comply with the geographical PEPFAR Pivot Strategy and implement low risk rural, peri-urban and urban sensitive household economic strengthening (savings and loans, financial literacy, micro-credit, Income Generating Activities (IGAs) and livelihood interventions to ensure phased graduation model and full graduation of beneficiaries and HHs' within 2-3 years of the project implementation in collaboration with stakeholders.

The recipient is expected from the on-set to employ graduation benchmarks, exit and/or transition strategies and approaches that are contextualized and responsive to levels of household vulnerability. The recipient is expected to propose interventions that show a clear process of graduation that demonstrates recipient's capability to sustain the benefits of the program in order to avoid undue harm and ensure affected families are involved in the whole process and are not abruptly cut off from assistance. Similarly, specific transition strategies to other providers are needed for children and families who are not stable. The recipient should demonstrate use of interventions that show a clear process of transition to avoid undue harm and ensure affected families are involved in the whole process and are not abruptly cut off from assistance.

Expected Outcomes:

- 75% uptake of evidence-based household economic strengthening (HES) initiatives/models (savings and loans groups, income generating activities) in targeted households.
- 75% graduation of eligible beneficiaries and HHs' informed by case plans within 2-3 years of the project implementation from PEPFAR support.
- 75% of eligible households benefiting from the broader social safety net and protection programs, such as the Cash Transfers (CT), Education bursaries and National Health Insurance Fund (NHIF) etc.

3.3 Strengthened Capacity of Local Social Services Systems and Structures to Support OVC Services

J2SR requires governmental systems and structures that are open and accountable with capacity to lead and oversee the country's development agenda. This result is dedicated to strengthening the capacity of local organizations, systems and structures to effectively lead implementation of GoK policies and strategies, use data, better coordinate, leverage resources, oversee child welfare and social protection services and provide supportive supervision to volunteer networks engaged in case management, including households enrolled in social protection/safety net programs.

Capacity building encompasses individual and organizational skills and knowledge, as well as strengthening institutions and systems to perform core functions effectively and efficiently. Programs that focus on strengthening local capacities and relationships are more likely to have sustained results. Recipient should demonstrate strategies that support local community-based entities to reinforce the role of community health workers, community case/child protection volunteers and child welfare and social protection personnel. Recipients are expected to demonstrate how they will work through and engage with existing government systems and community structures for effective service delivery. This will include linkages to social protection programs and partnerships with the private sector as appropriate to improve outcomes for OVC as shown in <http://www.pepfar.gov/documents/organization/195702.pdf>.

Data for decision making is critical to informing planning processes such as the design, implementation and progress/performance tracking of OVC programs. Collaborative efforts in building or reinforcing information systems and infrastructure to avail high-quality data for various decision-making processes are important. Recipients are expected to ensure adequate capacity to collect, analyze, interpret, manage and use data, as well as to embed quality improvement throughout the continuum of case management. Such activities should be done with leadership from GoK to at national and sub-national to ensure maximum use of their data systems such as the Child Protection Information Management System (CPIMS) and Single Registry. The recipient should outline effective strategies to data management and use by county structures including Area Advisory Councils and county teams to inform annual target setting, budgeting, supporting appropriate interventions and joint monitoring.

Expected Outcomes:

- 100% of the local OVC/DREAMS sub-partners trained and mentored
- 100% of local OVC/DREAMS sub-partners graduated with the capacity to receive and manage USG and other funding after attaining maturity levels
- 100% of OVC/DREAMS sub-partner reports aligned to the county and national database.
- 100% of government offices and local organizations are trained to utilize the database in supported counties.

GIS ANALYSIS

In order to support both sustainability and targeted geographic focus towards HIV epidemic control; PEPFAR will prioritize resources based on current HIV needs and gaps as well as initiate a self-reliance process for Kenya. Counties were classified into the following categories: high, medium and low ART coverage counties (See figure below and Table A.1)

Figure % PLHIV by SNU, Total PLHIV by SNU, Coverage of Total PLHIV with ART, and Viral Load Coverage by SNU.

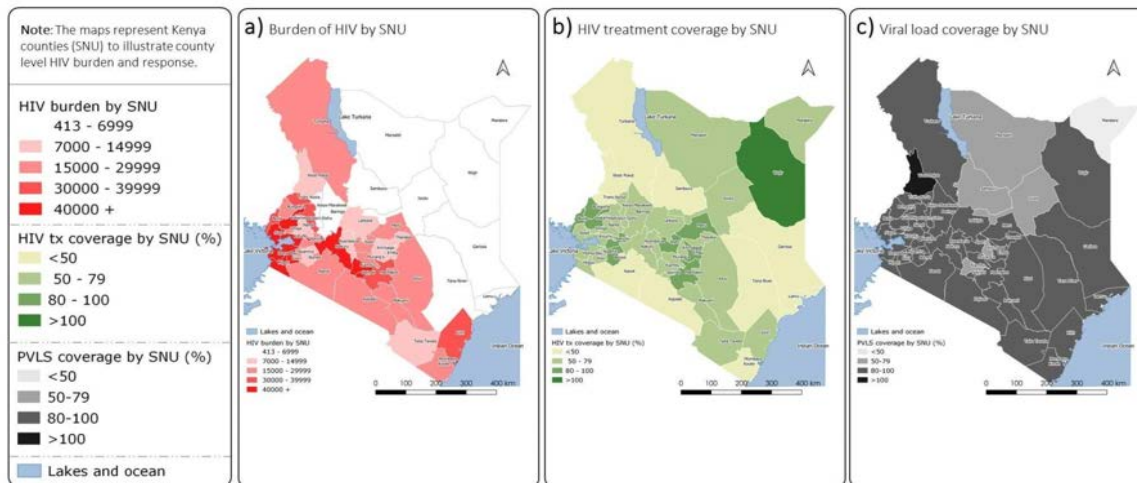
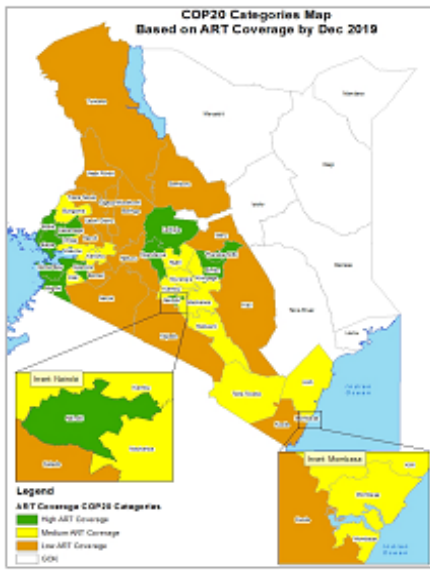


Table A1: Rationale for Categorization of counties based on needs

County Categorization Based on FY20 Q1 ART Coverage Using 2020 Spectrum Estimates and Programmatic Gaps			
	High ART Coverage (11)	Medium ART Coverage (14)	Low ART Coverage (15)
Survey Data	56% of all adult incident Infections	21% of unmet need	45% of unmet need
Case Identification	High Testing inefficiencies (at 35% of annual target)	Moderate Testing inefficiencies (at 29% of annual target)	High Testing inefficiencies (at 32% of annual target)
Linkage and Retention	Suboptimal proxy Linkage and varying retention	Suboptimal proxy Linkage and varying retention	Higher net loss of patients on treatment
VL Suppression	Low Suppression among children	Low Suppression among children	Low Suppression among adult and children
PMTCT	Lower comparative MTCT rate	High MTCT rate	High MTCT rate



Data Source: Spectrum 2020 Estimates PEPFAR Panorama 2/8/2020

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The selection of counties to be supported was based on the rationale set out in the table above and each of the counties were placed in a corresponding box as reflected in the table above.

ENVIRONMENTAL COMPLIANCE

Any awards resulting from 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, requires 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. Recipients are expected to comply with the environmental regulations and other applicable regulations.

In addition, recipients are expected to 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 will govern.

Activities funded as a result of anticipated solicitations will not be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in an Initial Environmental Examination (IEE) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as “approved Regulation 216 environmental documentation.”)

An Initial Environmental Examination (IEE) Kenya_DO2_IIP_IEE_060815.doc covering DO2 portfolio has been approved. The IEE covers activities expected to be implemented under this activity. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This

indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient will be responsible for implementing all IEE conditions pertaining to activities to be funded under this Award.

The recipient must integrate an EMMP Plan into Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment including climate change risks. As part of its initial Work Plan, and Annual Work Plans thereafter, the recipient, in collaboration with the USAID Agreement Officer Representative and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, will review all ongoing and planned activities to determine if they are within the scope of the approved Regulation 216 environmental documentation. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it will prepare an amendment to the documentation for USAID review and approval. No such new activities will be undertaken prior to receiving written USAID approval of environmental documentation amendments. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation will be halted until an amendment to the documentation is submitted and written approval is received from USAID.

CLIMATE RISK ANALYSIS

In recognition of the fact that Climate change is a cross cutting issue that can have significant impacts on regional, national, and local development efforts in all sectors, in 2014 President Obama signed Executive Order (EO) 13677 which requires integration of climate-resilience considerations into all United States international development work to the extent permitted by law.

Climate Risk Management (CRM) screening is the process of assessing, addressing and adaptively managing climate risks that may impact the ability of USAID funded programs to achieve their objectives. The screening outlines specific climate risks that are potential negative consequences on projects or activities due to changing climatic conditions to activity design and implementation, and opportunities to address the risks identified.

Available data indicates that temperatures in Kenya have risen by an average of 0.210C per decade since 1960, while sea surface temperatures have risen 10C since 1950. Precipitation has remained the same or slightly decreased due to a reduction of rainfall. Droughts have increased in frequency and intensity, and now are evident in areas that historically were unaffected. Most models for future climate change trends in Kenya show an increase in the annual temperatures (1.0 - 2.80C by 2060) and changes in annual precipitation ranging from a six percent decrease to a 26 percent increase over the 1970-1999 averages. Models also show increased intensity of rainfall events and increased frequency and duration of drought.

During the lifespan of the activity, there will be increased climate variability that will affect project outcomes such as;

- Variations in timing, intensity, frequency, and magnitude of rainfall and shifts in the intensity, frequency, and duration of droughts. This will affect among others agricultural and livestock related income generating activities, nutrition interventions and impede access to social services by OVCs and PLHIV.
- Approaching critical heat thresholds leading to increased evaporation and reduced accessibility to water that may increase incidences of waterborne diseases - increasing the vulnerability of OVCs and PLHIV

- Expanded range of disease vectors due to increased temperatures and precipitation including shifting geographical range for pests and diseases
- Changes in the incidence of agricultural pests due to increased temperatures and precipitation

A Climate Change Risk Management (CRM) screening will be carried out for the KHPQS before award to determine the level of risk for all geographical areas covered and the resulting matrix and narrative provided as an annex to this document. The result will inform decision-making on adaptation and mitigation at the activity levels. These measures will be incorporated into the Environmental Mitigation and Monitoring Plan EMMP.

GENDER, YOUTH AND SOCIAL INCLUSION ANALYSIS

The momentum towards gender equality has been growing steadily in Kenya; a landmark achievement in the realization of Kenyan women’s rights was the promulgation of a gender sensitive constitution which entrenches the principles of equality between men and women; inclusiveness; non-discrimination; and protection of the marginalized. The Constitution of Kenya seeks to address the historical exclusion of women and other groups from the governance structures through affirmative action measures. It also highlights children’s rights in all spheres including the right to shelter; education; safe environment free of violence; the right to health; and protection from cultural practices that infringe on their quality of life.

In accordance with USAID’s recognition of the importance of gender issues in development, the KHPQS needs to address identified gender barriers and optimize gender opportunities. The recipient is expected to follow the recommendations made in the USAID Kenya gender analysis as well as the USAID Gender Equality and Female Empowerment Policy. The recipient is expected to implement approaches for increasing access to quality health and social services by women, girls and children, while also addressing the low uptake of health services by men, either for themselves or on behalf of their families and partners.

The recipient must demonstrate that they fully understand and will subscribe to USAID’s gender policy, which requires that all policies, programs, implementation, monitoring plans, and budgets analyze and address the element of gender in pursuit of sustainable economic growth, job creation, household security, and poverty reduction. The recipient must also describe how management structures, systems, and processes will ensure that sufficient attention is paid to gender equality. Special emphasis will be given to addressing underlying gender issues that may affect participation and access by men, boys, women and girls to the different services of the activity. Other marginalized populations will also be strongly considered. This analysis should map out how best to reach these key sub-populations and integrate the findings into work plans and interventions.

Note: The term “program” as used in 2 CFR 200 and this NOFO is typically considered by USAID to be an Activity supporting one or more Project(s) pursuant to specific Development Objectives. Please see 2 CFR 700 for the USAID specific definitions of the terms “Activity” and “Project” as used in the USAID context for purposes of planning, design, and implementation of USAID development assistance.

END OF SECTION A

SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

USAID intends to award five (5) Renewal Cooperative Agreements pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide total USAID funding over a five (5) year period as stated below:

Cluster 7 - \$ 24,561,531 in total funding over a five (5) year period.

Cluster 8 - \$ 55,418,628 in total funding over a five (5) year period.

Cluster 9 - \$ 8, 965, 271 in total funding over a five (5) year period.

Cluster 10 - \$ 34,649,055 in total funding over a five (5) year period.

Cluster 11 - \$ 44,218,553 in total funding over a five (5) year period.

USAID reserves the right to fund any one or none of the applications submitted.

2. Start Date and Period of Performance for Federal Awards

The anticipated period of performance is five (5) years with an initial period of performance of two years, and renewal awards for three additional years to be awarded based on performance of the initial period of performance. The estimated start date will be upon the signature of the award, on or about **February 1, 2021**.

RENEWALS: Awards made under this NOFO may be eligible for annual renewals providing a possibility of a subsequent award to receive additional support for the project for succeeding periods, activities, or milestones if so determined by USAID. The overall period of the cooperative agreement, including all renewals, will not exceed the five (5) year period of performance of the award under this NOFO. USAID will inform the awardee 4 months before the end of the period of performance of the initial award if the said awardee is eligible to apply for a renewal award. The recipient will submit a renewal request 3 months prior to the end date. The renewal request should incorporate any changes in targets, geographical areas of implementation or implementation strategies required in the Country Operation Plan (COP).

Funding of any renewal period or expansion of activities is contingent on the following:

- Availability of funds;
- Satisfactory progress towards meeting the award objectives;
- Submittal of required reports; and
- Compliance with the terms and conditions of the award, including the conditions for renewal.

If informed by USAID, Awardee will submit a detailed annual work plan for the renewal period along with a detailed budget to be considered for the renewal opportunity.

Any renewals are at the sole discretion of USAID.

3. Substantial Involvement

USAID/KEA considers collaboration with the Recipient crucial for the successful implementation of this program. Substantial involvement during the implementation of this award will include the following:

- i. **Approval of the Recipient's Annual Implementation Plans**
Approval of the Recipient's Annual Implementation Plans. USAID requires approval of implementation plans annually to incorporate changed contexts or new information required in the activity and also to ensure host government input has been incorporated both at the county and sub-county levels. The plans include:
 - a. Approval of Annual Work Plans
 - b. Approval of the Recipient's Monitoring and Evaluation Plan
- ii. implementation can begin in subsequent year(s) during the period covered by the cooperative agreement.
- iii. The Agency's review and approval of substantive provisions of proposed subawards or contracts. USAID will have substantial involvement in the criteria and selection of sub-award recipients through means of collaboration and joint participation. Unless otherwise directed by the Agreement Officer, USAID will approve the selection of all sub-award recipients and substantive provisions of the sub-awards.
- iv. **Approval of Specified Key Personnel**
The required technical qualifications of the positions listed below are critical to the successful implementation. In accordance with the Substantial Involvement, prior approval from the Agreement Officer is required to fill the listed positions as "Key Personnel." The positions include:
 - a. Chief of Party
 - b. Deputy Chief of Party
 - c. Finance and Administrative Manager
 - d. Grants and Compliance Manager
 - e. Monitoring, Evaluation and Learning Specialist
- v. Agency collaboration and Joint Participation including USAID involvement as a member of advisory committees. This includes those that bring together development partners that support service delivery.
- vi. Agency monitoring to permit special kinds of direction or redirection because of inter-relationships with other USAID and other donor programs, alignment with U.S. foreign policy objectives and USAID/KEA's strategy. As this activity will receive some PEPFAR funding specific direction or re-direction may be provided to align with the strategic objectives of PEPFAR.

USAID will monitor program implementation to ensure activities are supporting strategic objectives, to share best practices and capture lessons learned. USAID will also monitor program implementation to be sure there is no duplication of work being done by other USAID and donor funded programs. This monitoring will be conducted through the quarterly work plans, related program and coordination meetings, the M&E System, the Environmental Compliance System, and through site visits (conducted by USAID and other USG personnel). The AOR may request additional ad hoc reporting to facilitate coordination among USAID Mission programs.

4. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is **935**. This means any area or country including the recipient country but excluding any country that is a prohibited source. The list of countries designated as Prohibited sources is found at <http://www.usaid.gov/ads/policy/300/310mac>

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 **Kenya Health Partnerships for Quality Services (KHPQS) – OVC & DREAMS** Program 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.

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SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligibility for this NOFO is restricted.

Eligibility is restricted to Local Partners, who are Kenyan entities as defined below:

Under PEPFAR, a “**local partner**” may be an individual, a sole proprietorship, or an entity. However, to be considered a local partner, the applicant must submit supporting documentation demonstrating their organization meets at least one of the three criteria listed below at the time of application.

- (1) An **individual** must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country or region served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; **or**
- (2) **Entity** other than a sole proprietorship (such as a corporation or not-for-profit) must meet all three areas of eligibility:
 - a) **Either** must be incorporated or legally organized under the laws of, and have its principal place of business in the country served by the PEPFAR program with which the entity is or may become involved; **or** must exist in the region where the entity’s funded PEPFAR programs are implemented;
 - b) **Either** must be at 75% beneficially owned at the time of application by individuals who are citizens or lawfully admitted permanent residents of that same country; **or** at least 75% of the entity’s staff (senior, mid-level, support) at the time of application must be citizens or lawfully admitted permanent residents of that same country.
 - c) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; **or**
- (3) **Parastatals and Quasi-Governmental Entities.** Commercially oriented parastatals, or parastatals or quasi-governmental entities that meet at least one of the following:
 - (1) A majority of the members of the supreme governing body is not comprised of government officials,
 - (2) The entity does not deliver public goods or services,
 - (3) The entity is not subject to audit by the partner government’s Supreme Audit Institution,
 - (4) The entity does not use the Government of Kenya’s Public Financial Management (PFM) and procurement systems, or
 - (5) Implementation will involve the use of the Government of Kenya’s PFM or other systems.
- (4) **Universities and other governmental entities providing technical assistance.** Universities or other educational units of the Government of Kenya whose primary purpose is to provide education, research, or training services. USAID funds to such entities cannot flow through the Government of Kenya PFM systems otherwise used to execute central government budgetary authority.

2. Cost Sharing or Matching

USAID has established a mandatory minimum recipient cost share of 10% of projected award amount for the award. Such funds 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 of 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 Required As Applicable provision RAA15. COST SHARE (JUNE 2012).

3. Other

- i) If the applicant proposes to partner with other organizations through sub-awards, it should present a clear structure in terms of roles and responsibilities of each sub-recipient, lines of authority, and managerial decision-making process. Resources should be shared among the sub-recipients based on their contributions to the program. In preparing their applications, applicants must not enter exclusive arrangements for labor or local organizations.
- ii) Applicants must have established financial management systems, 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.

Risk Assessment: In accordance with ADS 303.3.9 the Agreement Officer is required to evaluate the risks posed by applicants before making the award in accordance with the principles established by USAID and the Office of Management and Budget (OMB) (see 2 CFR 200.205). Applicant and subawardees, if any, must submit additional evidence they deem necessary for the Agreement Officer to make a Risk Assessment Decision. The information submitted should substantiate that the applicant:

- a) Has adequate financial resources or the ability to obtain such resources, as required during the performance of the Cooperative Agreement.
- b) Has the ability to comply with the Cooperative Agreement terms and conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental.
- c) 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.
- d) Has a satisfactory record of business integrity.
- e) Is otherwise qualified to receive a Cooperative Agreement under applicable laws and regulations.

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

Upon request by USAID, all apparently successful applicants will be required to submit a copy of their accounting manual and audited financial statements for the previous three (3) year period by a certified public accountant or other auditor satisfactory to USAID.

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Nancy Kleinhans
Agreement Officer
USAID/Kenya and East Africa
United Nations Avenue, Gigiri
P.O. Box 629 Village Market 00621
Nairobi, Kenya
nkleinhans@usaid.gov

hpnlpi@usaid.gov
Acquisition and Assistance Specialist
USAID/Kenya and East Africa
United Nations Avenue, Gigiri
P.O. Box 629 Village Market 00621
Nairobi, Kenya

2. Interested Applicants Conference

USAID|KEA will hold a pre-application interested parties virtual conference on **August 13, 2020**, at **1400hrs to 1600 hours**. This conference will allow interested applicants the chance to ask questions about the NOFO. Interested parties that would like to participate in this virtual conference must confirm their attendance by sending the participant's name and the organization's name to hpnlpi@usaid.gov by **August 12, 2020**. **Please include the NOFO number in the e-mail subject line when submitting participant names.** Maximum of 2 representatives may attend from each organization. No reimbursement for costs of participation will be provided. Instructions on how to participate in the conference will be provided only to those who register their interest to participate.

3. Questions and Answers

Questions regarding this NOFO should be submitted electronically via e-mail to Nancy Kleinhans, Agreement Officer at nkleinhans@usaid.gov with a copy to hpnlpi@usaid.gov no later than the date and time indicated on the cover letter, as amended. **All questions submitted by email must have the NOFO number included in the email subject line.** 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.

4. General Content and Form of Application

Preparation of Applications:

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 and physical address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing and physical address, telephone number and email address);
- Program name (Applicants are encouraged to propose a project name(s) for the activity under this NOFO.)
- Notice of Funding Opportunity number
- Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per the definition provided under Section C: Eligibility, Part 1 - Eligibility Requirements.

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.
- Written in English.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section B of this NOFO must be used in the cost application.
- The technical application must be a searchable and editable Word or PDF format as appropriate.
- The Cost Application must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion, however, the official cost application submission is the unlocked Excel 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. **All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines. Applications that are incomplete or not directly responsive to the terms, conditions, specifications, and provisions of this NOFO may be categorized as non-responsive and eliminated from further consideration.**

Acknowledgement of any amendments to the NOFO: Applicants must acknowledge amendments, if any, to this NOFO by signing and returning the amendment as part of the application submission. The Government must receive the acknowledgement by the time specified for receipt of applications.

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 be considered at the discretion of the Agreement Officer. Applicants must retain proof of timely delivery in the form of a system generated documentation of delivery receipt date and time/or confirmation from the receiving office.

Applicants must identify the 'cluster' they are applying for on the subject of the email. If an applicant is submitting multiple applications (ie applying to more than one cluster), each application should be submitted as a separate email.

E-mail submission:

Applications must be submitted by email to hpnlpi@usaid.gov and copy nkleinhans@usaid.gov. Email submissions must include the NOFO number, Cluster 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], [Cluster 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 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|KEA cannot guarantee their acceptance by the internet server. **File size must not exceed 10 MB.**

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.

The technical application must follow the following format:

(a) Cover Page (not included in page limit) (See Section D.3 above for requirements)

(b) Table of Contents (not included in page limit)

Include major sections and page numbering to easily cross-reference and identify merit review criteria.

(c) Executive Summary (One page) (not included in page limit)

The Executive Summary must provide a high-level overview of key elements of the Technical Application.

(d) Technical Approach (no more than for 20 pages excluding annexes)

The technical application body must be organized using the same headings as the merit review criteria. The criteria are listed and further described below:

1. Merit Review Criteria # 1 – Technical Understanding and Proposed Approaches
2. Merit Review Criteria # 2 - Organizational Capacity and Partnership management
3. Merit Review Criteria # 3 – Staffing and Management Structure

1. Technical Understanding and Proposed Approaches

The technical application should be specific, complete and presented concisely. The technical application should take into account the content and guidance provided in the Program Description, the instructions provided in this section and the response to the merit review criteria of the NOFO.

2. Organizational Capacity

The applicant must demonstrate in this section that the organization and proposed sub-partners possess the array of skills needed to effectively and efficiently implement the program. It should describe relevant experience with proposed approaches and institutional strength in implementing activities of a similar nature. The applicant should provide relevant information on its ability to attract and retain high-quality key personnel for the duration of this activity. The applicant should also demonstrate any experience working with U.S. Government projects and complying with financial regulations. Applicants should specific how they will structure partnerships with county actors to demonstrate how they will actualize building commitment and capability for J2SR.

3. Staffing and Management Structure

This section should demonstrate the management approach and staffing plan that will lead to the achievement of results. The staffing structure and management arrangements must support the technical approach to achieve results and adhere to the guiding principles in the program description.

The application should demonstrate the utilization of effective management approaches that maximize cost efficiency and provide flexibility to balance accountability with responsiveness to evolving needs. It must include

an organogram showing the staffing structure and identifying formal relationships with all consortium partners and major sub-awardees. It must also show clear reporting lines. Applicants must make efforts to utilize local professionals to the maximum extent possible and are encouraged to identify qualified Kenyan candidates for senior positions.

Applicants are expected to provide highly qualified teams to manage the implementation of the award. Applicants must propose the five (5) key personnel positions. Only the proposed minimum qualifications will be evaluated. Failure to provide acceptable key personnel may result in the application not receiving funding.

Key Personnel:

Applicants must propose one candidate for each of the key personnel positions listed below. Key personnel are those considered to be essential to the work being performed under this cooperative agreement. It is expected that the key personnel will serve the full term of the agreement. Key personnel and changes to key personnel are subject to approval by the USAID Agreement Officer and concurrence by the Agreement Officer Representative (AOR) prior to their employment under this award.

The application narrative must clearly summarize the professional qualifications of proposed Key Personnel that meet minimum qualifications stated below. For each proposed Key Personnel, a complete and current résumé demonstrating the candidate's qualifications and experience will be submitted as an annex. Résumés cannot exceed three pages in length and should be in chronological order starting with most recent experience. Each résumé must be accompanied by a signed letter of commitment from each candidate indicating his/her (a) availability to serve in the stated position and for the stated term of service; and (b) agreement to the compensation levels as set forth in the cost proposal. USAID may also check other sources to gather information on proposed personnel including, but not limited to, other USAID or U.S. Government persons who have knowledge of their previous work.

Chief of Party (COP)

The Chief of Party (COP) is responsible for the overall management and operations of the project and is the key liaison with USAID. S/he supervises project implementation and ensures the project meets stated goals and reporting requirements. The COP takes a leadership role in coordination among USAID and key stakeholders and other implementing partners. The COP position requires political savvy, as s/he interacts with numerous GoK institutions and senior-level national and county-level government officials.

At a minimum, the COP will have:

- Ten years of experience in a senior role leading a complex technical service delivery program of similar scope and dollar value.
- A Master's degree in social sciences, public health, medicine, management, business administration, or a related field
- Seven years of demonstrated experience in partnership building, especially with government representatives, donors, the private sector, and local community organizations.

Deputy Chief of Party (DCOP)

The Deputy Chief of Party (DCOP) is responsible for the overall technical oversight of the project and is specifically responsible for project implementation that relates to facility and community-level service delivery. The DCOP reports directly to the COP and takes a leadership role in ensuring technical implementation of high impact, proven interventions and ensures the project meets stated goals and reporting requirements. S/he assumes the responsibilities of the COP in the absence of the COP. S/he coordinates among USAID and key

stakeholders and other implementing partners and interacts with numerous GoK institutions and representatives, particularly at the county-level. S/he is knowledgeable about current implementation science and state-of-the-art service delivery approaches.

At a minimum, the DCOP will have:

- Eight years of experience in a senior role managing, complex technical service delivery programs of similar scope and dollar value.
- A Master's degree in social sciences, public health, medicine, management, business administration, or a related field.
- Five years experience in partnership building, especially with the government representatives, donors, the private sector, and local community organizations.

The Finance and Administration Manager

The Finance and Administration Manager (FAM) reports to the COP and is responsible for overseeing all aspects of budgeting; financial management and reporting; contract/sub-award procurement and management; human resources management, asset management, logistics, and prime award compliance with terms and conditions of the award. The FAM oversees all activity operations.

At a minimum, the Finance and Administration Manager should have the following:

- A Master's degree in Business Administration, Accounting, Finance, Human Resources, or other relevant fields.
- Professional accountancy qualification (Certified Public Accountants – CPA, Association Of Chartered Certified Accountants – ACCA, or equivalent membership of a recognized professional accountancy organization in good standing).
- A minimum of 7 years of experience overseeing grantee compliance with donor requirements for activities of similar dollar value
- A minimum of 7 years of experience supervising overall operations of donor-funded activities (e.g. teams of human resource, logistics, grant/contract, and finance staff).
- Demonstrated financial management, strong analytical and computer skills, with emphasis on budgeting and financial analysis.

Grants and Compliance Manager

The Grants and Compliance Manager (GCM) provides overall technical support in the management of sub-grants, facilitate training in program and finance management to sub-grantees, support sub-partners on sub-grant management and assist in reviewing sub-grants agreements.

S/he is responsible for ensuring compliance with USAID rules and regulations, and legal and regulatory requirements governing the award. The GCM oversees the overall compliance in the activity implementation from the development of work plans and budgets, reporting, sub granting, and budget administration as assigned by the COP or his/her designee.

The GCM is involved in developing and embedding best practices to comply with donor financial rules, supporting donor proposal budgeting, analysis of institutional income, donor contract expenditure tracking, monitoring and providing management information on key risks, contributing to the implementation of improved financial systems and processes to facilitate better donor reporting and compliance.

At a minimum, the GCM should have the following preferred skills:

- A Master's degree in Business, Procurement, Accounting, Finance, Management, Auditing, Economics or related field

- A minimum of 7 years' experience in the NGO sector in Senior Grants/Compliance Management positions.
- In-depth understanding and experience of working with proposals and contracts from institutional donors. Experience of complex planning and budgeting processes including the ability to provide clear guidance on donor policies and procedures

Monitoring, Evaluation and Learning Specialist

The Monitoring, Evaluation and Learning (MEL) Specialist is be responsible for leading the design and implementation of the program monitoring and evaluation framework and information system to track delivery against targets, outcomes and impacts. The MEL leads the analysis of data collected for assessment of progress and areas of improvement and overall data management. S/he guides reporting processes amongst technical staff and consolidate program reports, and promotes learning and knowledge sharing of best practices and lessons learned. S/he supports all the technical staff in MEL functions and manages any MEL related staff in the program.

At a minimum, the Monitoring, Evaluation and Learning Specialist will have:

- A Master's degree in a relevant discipline, such as mathematics, statistics, informatics, or a related field with knowledge/skills of Geographical Information Systems and information technology.
- At least ten years of experience implementing monitoring and evaluating activities for complex programs in developing countries.
- Demonstrated experience in providing technical support, setting up and managing M&E systems that track performance as per the objectives of this activity (e.g. service integration and performance against each result area) and in the application of statistical methods and database management.

e. Annexes

The page limit for the annexes to the technical application is limited to a maximum of **25** pages. The annexes should include:

- **Annex 1: Resumes and letters of commitment for key personnel** - Each CV is not to exceed three pages and should include a minimum of three current references for each key personnel candidate (provide name and contact information of each reference). The signed Commitment letters for each proposed key personnel candidate should indicate the date s/he is available to join the activity
- **Annex 2: Draft organogram** showing the staffing structure and identifying formal relationships with all consortium partners and significant sub-awardees
- **Annex 3 : History of Performance Information:** Upon the Agreement Officer's request, the apparently successful 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 three years, as follows
 - Name of the Awarding Organization;
 - Award Number;
 - Activity Title;
 - A brief description of the activity;
 - Period of Performance;
 - Award Amount;
 - Reports and findings from any audits performed in the last three (3); and
 - Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

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.

PAGES EXCEEDING THESE PAGE LIMITS WILL NOT BE EVALUATED.

6. Business (Cost) Application Format

The Business (Cost) Application must be submitted separately from the Technical Application. While no there is no page limit 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, using the budget format shown in the SF-424A.

Prior to award, applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the applicant’s risk in accordance with 2 CFR 200.205. Applicants should not submit any additional information with their initial application.

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.

c) Required Certifications and Assurances

The apparent successful applicant must complete the following documents and submit a signed copy upon request by the AO:

- (1) “Certifications, Assurances, Representations, and Other Statements of the Recipient” document found at <http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf>
- (2) 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).

Applicants must complete the certifications above and sign and date in the signature spaces provided. The signed and dated copy must then be submitted.

d) Budget and Budget Narrative

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by project year, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make award and may result in a rejection of the cost application. Budgeted costs should be inclusive of Value Added Tax (VAT), as applicable. The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs. 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 Narrative should explain costs estimates and provide the rationale and the basis on which costs are derived including sufficient information to determine the reasonableness and realism of proposed costs.

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. See Section H, Annex 1 for Summary Budget Template
- 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.

The Detailed Budget must contain the following budget categories and information, at a minimum:

A: Direct Costs

- 1) **Salaries and Allowances** – 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. 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.

- 2) **Fringe Benefits** – (if applicable) If the applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant must use such rate and provide evidence of its approval. If an applicant does not have a fringe benefit rate approved, the applicant must propose a rate and explain how the applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.
- 3) **Travel and Transportation** – Provide details to explain the purpose of the trips, the number of trips, 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. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.
- 4) **Procurement or Rental of Goods (Equipment & Supplies), Services, and Real Property** – Must include information on estimated types of equipment, models, supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and supplies 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.
- 5) **Subawards** – 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) **Construction** – If applicable. For the purpose of this NOFO, "Construction" means: construction, alteration, or repair (including dredging and excavation) of buildings, structures, or other real property and includes, without limitation, improvements, renovation, alteration and refurbishment. The term includes, without limitation, roads, power plants, buildings, bridges, water treatment facilities, and vertical structures. "Improvements, renovation, alteration and refurbishment" includes any betterment or change to an existing property to allow its continued or more efficient use within its designed purpose (renovation), or for the use of a different purpose or function (alteration). Improvements also include improvements to or upgrading of primary mechanical, electrical, or other building systems. "Improvements, renovation, alteration and refurbishment" does NOT include non-structural, cosmetic work, including painting, floor covering, wall coverings, window replacement that does not include changing the size of the window opening, replacement of plumbing or conduits that does not affect structural elements, and non-load bearing walls or fixtures (e.g., shelves, signs, lighting, etc.)
- 7) **Other Direct Costs** – This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, as well as any other miscellaneous costs which directly benefit the program proposed by the applicant. The applicant should indicate the subject, venue and duration of any proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs. Otherwise, the narrative should be minimal.

B: Indirect Costs

- 1) **Indirect Costs** – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. In order to better understand indirect costs please see Subpart E of 2 CFR 200.414. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most commonly used Indirect Cost Rate methods:

Method 1 - Direct Charge Only

Eligibility: Any applicant

Initial Application Requirements: See section A above on direct costs

Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)

Eligibility: Any applicant with a NICRA issued by a USG Agency must use that NICRA

Initial Application Requirements: If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency.

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)

Eligibility: Any applicant that has never received a NICRA

Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200.414(f) for further information.

Method 4 - Indirect Costs Charged As A Fixed Amount

Eligibility: Non U.S. non-profit organizations without a NICRA may request, but approval is at the discretion of the AO

Initial Application Requirements: Provide the proposed fixed amount and a worksheet that includes the following:

- Total costs incurred by the organization for the previous fiscal year and estimates for the current year.
- Indirect costs (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year
- Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.

If the applicant does not have an approved NICRA and does not elect to utilize the 10% de minimis rate, the Agreement Officer will provide further instructions and may request additional supporting information, including financial statements and audits, should the application still be under consideration after the merit review. USAID is under no obligation to approve the applicant's requested method.

- 9) **Cost Sharing** – The applicant should estimate the amount of cost-sharing resources to be provided over the life of the agreement and specify the sources of such resources, and the basis of calculation in the budget

narrative. Applicants should also provide a breakdown of the cost share (financial and in-kind contributions) of all organizations involved in implementing the resulting award.

USAID has established a recommended cost share of at least 10 percent of the award's projected value for the recipient of the award. Applicant's proposed cost share will be evaluated as part of cost effectiveness. Leveraged non-USAID resources from private firms and institutions (such as equipment, training, level of effort and any in-kind contributions) may be considered part of cost share. Cost sharing may be also demonstrated either through direct funding, beneficiary contributions, in-kind assistance, or a combination thereof. USAID will make the final determination and assess whether or not the Applicants cost share contributions (e.g. categories or items) meet the standards set in the Required As Applicable Standard (**RAA 15**) Provision. Applicants must understand that any cost share proposed and incorporated in the award is legally binding to be provided/achieved by the successful applicant. Attainment of this cost share must be progressively reported by the successful awardee each year. Also include in the cost application, information that confirms and ensures that proposed cost sharing will materialize.

e) 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.

f) 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.

g) 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.

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: No large scale construction is authorized under this award. Construction is limited to necessary renovations that directly support activity objectives.

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) Branding Strategy & Marking Plan

The apparently successful applicant will be asked to provide a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award

1. Branding Strategy – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.

b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Branding Strategy must include, at a minimum, all of the following:

(1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.

(2) The intended name of the program, project, or activity.

(i) USAID requires the applicant to use the “USAID Identity,” comprised of the USAID logo and brandmark, with the tagline “from the American people” as found on the USAID Web site at <http://www.usaid.gov/branding>, unless Section F of this NOFO states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.

(ii) USAID prefers local language translations of the phrase “made possible by (or with) the generous support of the American People” next to the USAID Identity when acknowledging contributions.

(iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.

(v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. Section F of this NOFO will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

(3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.

(4) Planned communication or program materials used to explain or market the program to beneficiaries.

(i) Describe the main program message.

(ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.

(iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, “USAID is from the American People.”

(iv) Provide any additional ideas to increase awareness that the American people support this project or program.

(5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.

(6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

f. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

(END OF PRE-AWARD TERM)

2. Marking Plan – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a “Marking Plan,” detailing the public communications, commodities, and program materials, and other items that will visibly bear the “USAID Identity,” which comprises of the USAID logo and landmark, with the tagline “from the American people.” The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at <http://www.usaid.gov/branding>. Section F of this NOFO will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Marking Plan must include all of the following:

(1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:

(i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;

(ii) Technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;

(iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and

(iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.

(2) A table on the program deliverables with the following details:

(i) The program deliverables that the applicant plans to mark with the USAID Identity;

(ii) The type of marking and what materials the applicant will use to mark the program deliverables;

(iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;

(iv) What program deliverables the applicant does not plan to mark with the USAID Identity, and

(v) The rationale for not marking program deliverables.

(3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible. (iii) Undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.

(iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.

(v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.

(vi) Offend local cultural or social norms, or be considered inappropriate. The applicant must identify the relevant norm, and explain why marking would violate that norm or otherwise be inappropriate.

(vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

(END OF PRE-AWARD TERM)

j) Conscience Clause Implementation (Assistance) – Solicitation Provision (February 2012)

(a) An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—

1) Shall not be required, as a condition of receiving such assistance—

(i) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or

(ii) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.

(b) An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Mandatory Standard Provision titled “Notices” as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.

(c) In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on

religious or moral objection. The offeror’s proposal will be evaluated based on the activities for which a proposal is submitted, and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

(END OF PRE-AWARD TERM)

k) Conflict of Interest Pre-Award Term (August 2018)

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.

(END OF PRE-AWARD TERM)

l) Electronic Payment System

1. Definitions:

- a. “Cash Payment System” means a payment system that generates any transfer of funds through a transaction originated by cash, check, or similar paper instrument. This includes electronic payments to a financial institution or clearing house that subsequently issues cash, check, or similar paper instrument to the designated payee.
- b. “Electronic Payment System” means a payment system that generates any transfer of funds, other than a transaction originated by cash, check, or similar paper instrument, that is initiated through an electronic terminal, telephone, mobile phone, computer, or magnetic tape, for the purpose of ordering,

instructing or authorizing a financial institution to debit or credit an account. The term includes debit cards, wire transfers, transfers made at automatic teller machines, and point-of-sale terminals.

2. The recipient agrees to use an electronic payment system for any payments under this award to beneficiaries, subrecipients, or contractors.

3. **Exceptions.** Recipients are allowed the following exceptions, provided the recipient documents its files with the appropriate justification:

a. Cash payments made while establishing electronic payment systems, provided that this exception is not used for more than six months from the effective date of this award.

b. Cash payments made to payees where the recipient does not expect to make payments to the same payee on a regular, recurring basis, and payment through an electronic payment system is not reasonably available.

c. Cash payments to vendors below \$3000, when payment through an electronic payment system is not reasonably available.

d. The Recipient has received a written exception from the Agreement Officer that a specific payment or all cash payments are authorized based on the Recipient's written justification, which provides a basis and cost analysis for the requested exception.

4. More information about how to establish, implement, and manage electronic payment methods is available to recipients at <http://solutionscenter.nethope.org/programs/c2e-toolkit>."

[END OF PRE-AWARD TERM]

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. To facilitate the review of applications, the applicant must organize the narrative sections of their applications in the same order as the selection criteria using the outline provided below and in Section D.

Technical and other factors will be evaluated relative to each other, as described here and prescribed by the Technical Application Format. The Technical Application will be scored by a Selection Committee (SC) using the criteria described in this section. The specific evaluation criteria are not of equal weight, but the sub-criteria listed under each evaluation criterion are considered of equal weight.

2. Review and Selection Process

a) Merit Review

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. Criterion 1 will carry the most weight, whereas Criterion 2 and 3 will be of equal weight:

1. Technical Understanding and Proposed Approaches
2. Organizational Capacity and Partnership Management
3. Staffing and Management Structure

1. Technical Understanding and Proposed Approaches

- a) The degree to which the applicant demonstrates a thorough understanding of the context and issues related to the program objectives at the cluster counties applied for. The applicant needs to demonstrate how they address gender, as well as integration with non-HIV services where applicable as indicated in the technical application body.
- b) Extent by each objective to which the applicant proposes to build upon existing activities and knowledge, advance evidence-based best practices and strategies across the continuum of care in order to contribute to the results framework.
- c) Extent to which proposed approaches will lead to greater sustainability and increased county capacity and ownership to lead and manage applicable health and social activities. This will include development of solid partnership with county government and other stakeholders and identification of specific strategies and plans for a county led implementation that aligns with J2SR.

2. Organizational Capacity

- a) The organization and/or any proposed sub-partners have demonstrated adequate capacity to implement the proposed project and activities through discussion of past relevant programming experience and

representative accomplishments in developing and implementing programs of the type as required under this NOFO.

- b) Extent to which the organization demonstrates partnerships with county actors, showing its commitment and capability for J2SR.

3. Staffing and Management Structure

This must include a brief narrative describing how the proposed staffing and personnel (key personnel and non-key personnel) offer an appropriate balance of skills sufficient to achieve the activity goal.

- a) The degree to which the key personnel meet the minimum requirements
- b) The extent to which the proposed management approach and staffing plan convincingly demonstrate the managerial and technical ability to effectively manage and implement the proposed program successfully. The applicant should include the selection of office locations in relation to the proposed structure; the history of demonstrated programmatic management practices including consistency in meeting goals and targets.

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; and (3) 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).

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

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

The award will be issued to the contact as specified in the application as the Authorized Individual in accordance with the requirements in the Representations and Certifications. USAID reserves the right to perform a pre-award survey which may include, but is not limited to:

- (1) Interviews with individuals to establish their ability to perform agreement duties under the project conditions;
- (2) A review of the prime recipient's financial condition, business and personnel procedures, etc.; and
- (3) Site visits to the prime recipient's institution.

2. Administrative & National Policy Requirements

This funding opportunity is authorized under the Foreign Assistance Act (FAA) of 1961, as amended. The resulting award from this NOFO will be administered in accordance with the following policies and regulations.

ADS 303

<https://www.usaid.gov/ads/policy/300/303>

2 CFR 700

<http://www.ecfr.gov/cgi-bin/text-idx?SID=531ffcc47b660d86ca8bbc5a64eed128&mc=true&node=pt2.1.700&rgn=div5>

For Non US organizations: [Standard Provisions for Non-U.S. Non-governmental Organizations](#).

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

3. Reporting Requirements

- **Financial Reporting:**

The Recipient will submit electronic copies of Financial Reports in keeping with 2 CFR 200 and 2 CFR 700. The Financial reports must be submitted via electronic format to the cognizant Mission Financial Payments office at NairobiRFMSPayments@usaid.gov. In addition, copies of all final financial reports should be submitted to the Mission Controller, Agreement Officer (AO), and the Agreement Officer's Representative (AOR). The recipient will be expected to submit monthly financial reports. In addition, a complete quarterly, semi-annual and annual Expenditure Report which USAID provides to OGAC will be required

- **Performance Reporting**

Indicator Reporting

PEPFAR requires a large number of indicators to be reported on at least a quarterly basis (subsets of these indicators are also being reported quarterly through the DATIM system). From time to time, USAID will require recipients to report monthly on high priority PEPFAR indicators critical for monitoring progress towards the hard performance targets. In addition, there are significant financial reporting requirements that occur quarterly and annually. Most of these indicators are site level (with a site often being a service delivery point such as a health facility) which will be specified by USAID as and when required.

The current required PEPFAR indicators can be found as an attachment to this solicitation.

i) Annual Work Plans (AWP): The Recipient will develop an annual work plan based on fiscal year within 45 days of the effective date of the award and for subsequent years, by May 01, of each fiscal year, the recipient will submit an annual work plan for the following year of implementation. In annual work plans, the activity will be required to outline all ongoing activities, MER targets and results to be achieved over the course of the year within each of those activities. Work plans are expected to reflect extensive discussions and joint planning exercises at county level with key HIV/AIDS stakeholders under the stewardship of the county health leadership and County AIDS and STI Control Officers (CASCOs), to ensure that the key expected key results statements are discussed, determined and included in every annual work plan. The activity is expected to work with the county health department and other relevant county institutions in developing priority activities, performance targets and the estimated budget figures for inclusion on the county planning department's AWP. The activity's work plans will be required to fully align with the county's AWP priority HIV response strategies as part of compliance to Journey to Self-Reliance. Work plans will be structured for continual learning, adaptive management, and flexibility, such that well-constructed feedback loops are in place and mid-course corrections in response to shifting circumstances can be identified and made quickly. The work plans will consider lessons learned in implementing the activity and draw from best practices from experiences elsewhere; and indicate where adjustments are being proposed as a result of lessons learned.

ii) Monitoring Evaluation and Learning (MEL Plan): Within 60 days of award the recipient will submit a Monitoring, Evaluation and Learning Plan (MELP) for the life of the activity that derives from the activities outlined in the program description using a standardized Mission MEL template. The MELP will outline key program activities, indicators of achievement, and associated annual and life-of-project targets.

iii) Quarterly Progress Report: The recipient will be required to submit quarterly progress reports. The first

report will be submitted no later than 30 days following the end of the first quarter after award and thereafter for each subsequent quarter. Quarterly Progress Reports will summarize progress in relation to agreed MER targets or milestones contained in the work plan, and report on all indicators in the monitoring and evaluation plan. The report will also include a narrative that describes the overall impact of program activities with respect to the higher-level goals of the activity. The report will specify any problems encountered and indicate resolutions or proposed corrective actions (for each corrective action, the recipient will designate responsible parties and establish a timeframe for completion). The report will list activities proposed for the next reporting period, noting where they deviate from the approved Work Plan and will provide information on accrued expenditures to date. Each progress report will also include the following: i) at least one snapshot or success story; ii) any innovative approaches supported by the activity and their impact on achieving PEPFAR goals/results; iii) a discussion of how the activity is utilizing local organizations networks expertise and strengthening local capacity to achieve key results; and iv) linkages with other USAID KEA and other development and/or implementing partners and their impact on the results of the activity. Given the constant evolution of the PEPFAR program, the recipient is notified of the possibility of future reporting cycles that might include monthly, bi-weekly and weekly reporting to meet high data demands for the PEPFAR program.

iv) Annual reports: The annual report is due within 90 calendar days after the reporting period the end of the first full USAID fiscal year and annually thereafter for each authorized year of performance. The Annual Performance Report follows the same format as the quarterly report, but with additional focus on cumulative accomplishments, progress and problems toward achievement of results, performance measures, indicators and benchmarks tied to the Annual Work Plan and the MEP targets, for the quarter and the entire previous fiscal year, which runs from October 1-September 30.

v) Outreach and Communication Strategy: A communication and outreach strategy, developed annually, is incorporated as a section of the Annual Work Plan. The strategies will include the overall communication message of the program, as set forth in the Branding and Marking Plan. The annual strategies must also focus on opportunities for USG visibility through the components of the project in terms of branding and marking but also with regard to events and other direct engagements. The project offers opportunities for signing ceremonies, graduation ceremonies and engagement with the NGOs and their target audiences throughout the course of the project. The strategy must ensure the use of traditional and social media.

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

vii) Final Report: The Final Report that covers the entire five-year period of the award will be submitted 90 calendar days after the expiration of the award and will include:

- a description of the cumulative results achieved;
- final data compared to baseline data for all indicators included in the monitoring and evaluation plan;
- an assessment of the impact of the program, disaggregated by gender and age, and potentially highlighting vulnerable groups; summary of problems/obstacles encountered during the implementation; and how those obstacles were addressed and overcome if appropriate;
- a presentation of life-of-project results towards achieving the project objectives and the performance indicators, as well as an analysis of how the indicators illustrate the activities impact;

- recommendations regarding unfinished work and/or future needs and directions for further strengthening county and national support as well as recommendations for what issues no longer require donor assistance;
- a summary of lessons learned, and any particularly important success stories.

The Recipient will email one to the Financial Management Office, the Agreement Officer (if requested), and the AOR; and one copy, in electronic format (preferred) to the USAID Development Experience Clearinghouse.

viii) Demobilization Plan: Ninety (90) days prior to the completion date of the Cooperative Agreement, a demobilization plan will be submitted for approval to the AOR and the AO. This plan should describe all actions to be completed to demobilize the Recipient’s operations, including steps taken to transfer capacity and knowledge to sub-grantees and local stakeholders. The plan will provide dates for all actions and an inventory of commodities procured under the project with a disposition plan.

ix) Financial Reporting: The Recipient will submit electronic copies of Financial Reports in keeping with 2 CFR 200 and 2 CFR 700. The Financial reports must be submitted via electronic format to the cognizant Mission Financial Payments office at NairobiRFMSPayments@usaid.gov . In addition, copies of all final financial reports should be submitted to the Mission Controller, Agreement Officer (AO), and the Agreement Officer’s Representative (AOR).

Other Reporting Requirements:

1. **Data Reporting Requirements:** The successful application will have to submit their datasets to the development data library (DDL) at www.usaid.gov/data, in a machine-readable, non-proprietary format, a copy of any Dataset created or obtained in performance of this award, including Datasets produced by a sub-grantee. This report must also be distributed to the AOR, AO, and the Performance Monitoring, Evaluation, and Learning Specialist. This is per the standard provision - “SUBMISSION OF DATASETS TO THE DEVELOPMENT DATA LIBRARY (OCTOBER 2014).”
2. **TraiNet:** The successful application will be required to collect information on all participant training financed under this Cooperative Agreement. This includes training data for any in-country training program or sub-program of more than 3 consecutive class days in duration, or more than 15 contact hours scheduled intermittently. This training data must be recorded using the web-based “TraiNet” reporting system. The training data must be consolidated according to training program or sub-program and must identify the following: subject area of training; total trainees per participant group, with gender breakdown; total cost of training for each program; and direct training costs (program costs, not overhead/fees).
3. **Geographic Data Asset Reporting Requirements**
 - A. Activity Location Data:** The successful Applicant must collect and submit Activity Location Data according to the following requirements:
 - 1. Level of Geographic Detail:** At a minimum, the location(s) where the activity is implemented must be collected at the *County, District, City/Town, Facility, etc.* level, unless otherwise specified by USAID. The location of the activity’s beneficiaries may also be collected.
 - 2. Activity Location Data Collection Standards:** Activity Location Data must be collected according to the standards provided by USAID, such as the use of standard *names, boundaries, and locations.*
 - 3. Activity Location Data Submission Method and Frequency :** Activity Location Data must be submitted *twice annually as part of the 2nd Quarterly Performance Report and the Annual Report* to

an Agency approved reporting tool or in a digital format according to the standards and procedures provided by USAID. If the Activity Location Data has not changed since the previous data submission, it must be indicated when the data is submitted.

4. Activity Location Data Risk: Activity Location Data must exclude personally identifiable information. If the Activity Location Data collected by the Recipient requires protection from unauthorized access to mitigate data risk, the Recipient must notify USAID before submitting the Activity Location Data to USAID and implement mitigation techniques to protect the data from unauthorized access in consultation with USAID.

5. Submission Instructions: Submissions must be reviewed by the AOR, and then the Recipient must submit the final Activity Location Data to keaipdata@usaid.gov, unless otherwise guided by the AOR. A template for standard submissions will be provided by the AOR, or by the GIS Team at keaipdata@usaid.gov. Unless otherwise stated, frequency of submissions will be quarterly and will coincide with the quarterly/annual reporting process.

B. Geographic Data Assets : All geographic data assets must be submitted in accordance with the special clause or provision “Submission of Datasets to the Development Data Library (DDL)”.

1. Geographic Data Files:

- a. Both primary and derived Geographic Data Files must be submitted.
- b. Geographic Data Files must be submitted in Shapefile (.shp), GeoTIFF (.tif), CSV (.csv), or GeoJSON (.geojson) file formats.
- c. In addition to fulfilling the submission requirements noted above, Geographic Data Files that are stored in other file formats that may be useful to end users can be voluntarily submitted in those file formats. For example, Geographic Data Files stored in a File Geodatabase (.gdb) or as a Web Map Service (WMS) can also be submitted.
- d. Geographic Data Files that are stored in Shapefile (.shp) or GeoTIFF (.tif) formats will include metadata that follows ISO 19115 using the ISO 19139 XML implementation schema.
- e. Geographic Data Files that are stored in a CSV or GeoJSON format and contain latitude/longitude coordinates will include supplementary information regarding the:
 1. Method used to create the latitude/longitude coordinates;
 2. Spatial reference used to generate the latitude/longitude coordinates; and
 3. Geographical precision of the latitude/longitude coordinates using the International Aid Transparency Initiative standards. For example, a latitude/longitude coordinate may represent an exact location, the center of a populated place, or the center of subnational administrative unit. This information must be included in addition to the actual CSV dataset.
- f. Geographic Data Files that are stored in Shapefile (.shp), GeoTIFF (.tif), or GeoJSON (.geojson), JSON (.json) file formats will use the Geographic Coordinate System World Geodetic System 1984 (GCS WGS 1984) spatial reference. If the use of a different spatial reference was required for an analysis, the spatial reference that was used must be indicated elsewhere in the metadata.

2. Geographic Data Processing and Analysis Files:

- a. Geographic Data Processing and Analysis Files that are written in programming languages will include a description of the language they are written in (e.g., a Python file would be .py, a Javascript file would be .js, etc.), the intended purpose of the file, use limitations, and execution instructions.
- b. Geographic Data Processing and Analysis Files will include descriptive comments and relative pathnames to enable efficient and effective use by an end user.

- c. Geographic Data Processing and Analysis Files are stored in an online repository, such as GitHub, these files can also be submitted as a clone of the repository.

3. Geographic Data Visualization Files:

- a. Geographic Data Visualization Files created using desktop GIS software will be submitted in Esri Map Document (.mxd) or QGIS Project (.qgs) file formats.
- b. Geographic data visualization products that are finalized in separate desktop software or stored in a different file format can also be submitted if they may be of use to an end user. For example, when a data visualization product is stored as a Map Package or is finalized in Adobe Illustrator, the Map Package (.mpk), or Adobe Illustrator (.ai) file can be additionally submitted.
- c. Geographic Data Visualization Files written in a programming language and used to generate web-based data visualization products will include an indication of the programming language (for example, a Python file would be .py, a Javascript file would be .js, etc.)
- d. Geographic Data Visualization Files will reference relative pathnames to the source of all Geographic Data Files that are displayed in the data visualization product.
- e. When products created with the Geographic Data Visualization Files are included in documents that are submitted to the USAID Development Experience Clearinghouse (DEC), such as a report that includes a map created with a Geographic Data Visualization File, the URL that links to the location of the document in the DEC must be provided.

4. Collaborating, Learning and Adapting (CLA)

The recipient is expected to contribute to USAID’s commitment to a multifaceted collaborating, learning and adapting (CLA) approach to development. The CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative; test promising, new approaches in a continuous yet also rapid, targeted search for generating improvements and efficiencies; and build on what works and eliminate what doesn’t. It is also understood that CLA takes into account programmatic learning and shifts generated by the activity (outward-generating) as well as those adopted by the activity from external learning sources. USAID also anticipates that a strong focus on adaptive management techniques as expressed through staffing skills, structure and culture, business processes, and stakeholder engagement will be particularly important in the implementation of this activity, in order to track and adjust to the opportunities to operationally integrate with other activities working in related efforts.

Collaborating: The recipient is expected to engage in active collaboration with other key in-country partners to share knowledge around assessments, emerging research, lessons learned, and evaluations, and jointly develop action plans for integrating learning resulting from these activities into improved program implementation. In particular, the recipient should be engaging regularly with county governments to develop and share work plans and results.

Learning: The recipient is expected to hold annual learning summits to identify promising practices, work collaboratively to overcome implementation obstacles and address changing conditions. Results should be used to inform upcoming year work plans and activity design across multiple stakeholders and captured and shared broadly. Specifically, the recipient is expected to define how innovative and dynamic learning agendas will be developed and implemented with the teams and USAID; and identify learning questions to guide the gathering of information to better understand or challenge key programmatic assumptions.

Adapting: The recipient is expected to engage in periodic reflection activities using approaches such as after-

action reviews to identify, capture, and act upon lessons learned in technical, cross-cutting, and management activities. The recipient should demonstrate adaptability that is informed by knowledge gained through learning and recognize behaviors and incentives necessary to create change. Knowledge gained through learning will influence decision making, resource allocation, and adaptation to contextual shifts. Application of new knowledge to implementation decisions will be reflected in the Annual Work Plan, and the Activity Monitoring, Evaluation, and Learning Plan (Activity MEL Plan).

Decisions to adapt may be based on, but not limited to the following:

- Extraneous changes in the operating environment (i.e. emergency or natural disaster, policy changes);
- Financial and human resource constraints; and
- Emerging evidence that interventions are not working or could work better if adapted.”

5. Program Income

No program income is anticipated to be generated.

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

Any prospective applicant desiring an explanation or interpretation of this NOFO must request it in writing by the deadline for questions specified in the cover letter to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before award of a Cooperative Agreement are not binding. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment of this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

Any questions or comments concerning this NOFO must be submitted in writing by email to Ms. Nancy Kleinhans at nkleinhans@usaid.gov and hpnlpi@usaid.gov by the deadline stated at the top of this NOFO's cover letter.

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SECTION H: OTHER INFORMATION

1. 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.
2. Other Relevant Information:
 - i) 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.”

ii) Value Added Tax (VAT)

The successful applicant will have to comply with USAID VAT Guidance to ensure compliance with the Government of Kenya’s laws

ANNEX 1 - BUDGET TEMPLATE

Attached to the www.Grants.Gov posting

ANNEX 2 - STANDARD PROVISIONS

(Note: the full text of these provisions may be found at: <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 non-U.S. Nongovernmental organizations. The award will also contain the following “required as applicable” Standard Provisions:

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)
✓		RAA5. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
TBD		RAA6. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
		RAA7. SUBAWARDS (DECEMBER 2014)
✓		RAA8. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
	✓	RAA9. OCEAN SHIPMENT OF GOODS (JUNE 2012)
✓		RAA10. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
TBD		RAA11. PATENT RIGHTS (JUNE 2012)
✓		RAA12. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)

TBD		RAA13. INVESTMENT PROMOTION (NOVEMBER 2003)
✓		RAA 14. COST SHARE (JUNE 2012)
TBD		RAA15. PROGRAM INCOME (DECEMBER 2014)
✓		RAA16. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
✓		RAA17. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
TBD		RAA18. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
✓		RAA19. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
TBD		RAA20. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
✓		RAA21. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
✓		RAA22. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
✓		RAA23. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
✓		RAA24. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
✓		RAA25. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
✓		RAA26. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
TBD		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)

✓		RAA28. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
✓		RAA29. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

ANNEX 3 - ABBREVIATIONS AND ACRONYMS

AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Therapy
CDCS	Country Development Cooperation Strategy
CHWs	Community Health Workers
CLA	Collaborating, learning and adapting
CLHIV	Children Living with HIV
CPMIS	Child Protection Management Information System
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
DHIS2	District Health Information System 2
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe
DTG	Dolutegravir
EID	Early infant diagnosis
EmONC	Emergency Obstetric and Newborn Care
FBO	Faith Based Organization
FP/RMNCAH	Family Planning/Reproductive Maternal Newborn Child Adolescent Health
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GNI	Gross National Income
GoK	Government of Kenya
HFCs	Health Facility Committees
HiNi	High Impact Nutrition Interventions
HIV	Human Immunodeficiency Virus
HIVST	HIV Self Testing
HRH	Human Resources for Health
IGAs	Income Generating Activities
J2SR	Journey to Self-Reliance
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic and Health Survey
KESIP	Kenya Social Economic Inclusion Programs
KFY	Kenya Fiscal Year
KNBS	Kenya National Bureau of Statistics
KHPQS	Kenya Health Partnerships for Quality Services
MAT	Medically Assisted Therapy
MIYCN	Maternal, Infant and Young Child Feeding and care practices
MMD	Multi-month Scripting
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MSM	Men Who Have Sex with Men

NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Program
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNS	Partner Notification Services
PrEP	Pre Exposure Prophylaxis
PWID	People who inject Drugs
SBCC	Social behavior change communication
SDGs	Sustainable Development Goals
SNU	Sub-National Unit
TB-LAM	TB – lipoarabinomannan
TG	Transgender
TLD	Tenofovir Lamivudine and Dolutegravir
TPT	TB preventive treatment
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	The United Nations Children’s Fund
USAID/KEA	United States Agency for International Development/ Kenya East Africa
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation and Hygiene

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ANNEX 4 - OTHER RELEVANT DOCUMENTS

1. 2020 Estimates per County - attached to the www.Grants.Gov posting
2. PEPFAR MER Indicator Reference Guide - attached to the www.Grants.Gov posting
3. USAID COP 20 Targets By County - attached to the www.Grants.Gov posting
4. Past Performance Information Template - attached to the www.Grants.Gov posting
5. KHPQS Budget by Program Area and Cluster - attached to the www.Grants.Gov posting

ANNEX 5 - OTHER REFERENCE MATERIALS

Links are provided to these materials as footnotes within Section A of this NOFO and provided below:

1. National Health Accounts (NHA 2012/13)
Available at <http://www.healthpolicyplus.com/pubsCountry.cfm?get=120>
2. National Health Accounts (NHA 2015/16)
Available at <http://www.healthpolicyplus.com/pubsCountry.cfm?get=120>
3. Ministry of Health National and County Health Budget Analysis (2018/19)
Available at <http://www.healthpolicyplus.com/pubsCountry.cfm?get=120>
4. Kenya HIV Estimates 2020
Available at <https://nacc.or.ke/hiv-estimates-link/>
5. UNAIDS Report 2018
Available at: <https://www.unaids.org/en/resources/documents/2018/hiv-prevention-2020-road-map-first-progress-report>
6. NACC 2018 Kenya Estimates; 2019
Available at: <https://nacc.or.ke/wp-content/uploads/2018/11/HIV-estimates-report-Kenya-20182.pdf>
7. Kenya National Children’s Policy, 2010;
Available at: http://www.childrenscouncil.go.ke/images/documents/Policy_Documents/National-Children-Policy.pdf
8. Kenya DHS, 2014 - Final Report (English)
Available at <http://www.dhsprogram.com/publications/publication-fr308-dhs-final-reports.cfm>
9. Links to key GoK health policies, strategies and plans
Available at <https://www.health.go.ke/resources/>
10. 2019 Population and Housing Census reports
Available at https://www.knbs.or.ke/?page_id=3142
11. National Prevention and Response Plan on Violence Against Children In Kenya 2019-2023
Available at - <https://www.socialprotection.go.ke/wp-content/uploads/2020/07/National-Prevention-Response-Plan-on-VAC-WEB-v5-July-3-2020.pdf>
12. High Impact Practices in Family Planning
Available at www.fphighimpactpractices.org
13. Civil Service Tier Grading Structure –
Available at:
https://www.publicservice.go.ke/images/guidelines/Draft_Guidelines_For_Career_Management_in_the_Civil_Service.pdf
14. County Govt_ Phase IV salary Review
Available at https://src.go.ke/all_documents/circulars/
15. MOH National and County Budget Analysis
Available at <http://www.healthpolicyplus.com/pubsCountry.cfm?get=120>

16. Kenya Minimum Service Standards for Quality Improvement of OVC Programs, 2012;

Available at: <https://www.usaidassist.org/topics/service-standardsguidelines?page=1>

17. PEPFAR Guidance for OVC programming, 2012 OVC Guidance;

Available at: <http://www.socialserviceworkforce.org/resources/pepfar-guidance-orphans-and-vulnerable-children-programming>

18. Global Nutrition report, 2019

Available at: <https://globalnutritionreport.org/reports/2020-global-nutrition-report/>

19. USAID Acting on the Call Report, 2019

Available at: <https://www.usaid.gov/actingonthecall/2019-report>

20. Performance Monitoring for Action 2020, Kenya 2019

Available at:

https://www.pmadata.org/sites/default/files/data_product_results/Kenya%20Phase%201%20Results%20Brief_Final_0.pdf

21. USAID Kenya Country Development Cooperation Strategy (CDCS)

Available at: <https://www.usaid.gov/kenya/cdcs>

22. PEPFAR Country Operational Plan and PEPFAR OVC Guidance 2012

Available at:

<http://www.socialserviceworkforce.org/system/files/resource/files/PEPFAR%20Guidance%20for%20OVC%20Pr ogramming.pdf>

23. The 2019 Violence Against Children Survey 2019 report

Available at: <https://www.socialprotection.go.ke/wp-content/uploads/2020/07/VAC-SURVEY-REPORT-2019.pdf>